

Case Number:	CM15-0120591		
Date Assigned:	07/01/2015	Date of Injury:	01/20/2014
Decision Date:	08/04/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/22/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, North Carolina
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 47 year old male sustained an industrial injury on 1/20/14. He subsequently reported left upper extremity pain. Diagnoses include contusion of forearm, crushing injury of forearm, chronic pain syndrome and carpal tunnel syndrome. Treatments to date include TENS therapy, bracing and prescription pain medications. The injured worker continues to experience left hand, forearm, wrist and shoulder pain as well as cervical spine pain. Upon examination, there is tenderness in the mid wrist, dorsal wrist, medial epicondyle, left shoulder bicipital groove and cervical paravertebral musculature. Left shoulder and elbow range of motion are reduced. Tinel's was positive. A request for paraffin wax bath for purchase was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Paraffin Wax Bath for Purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist & hand (paraffin wax baths).

Decision rationale: CA MTUS Guidelines do not address paraffin wax baths. The ODG states that paraffin wax baths are recommended as an option for arthritic hands if used as an adjunct to a program of evidenced-base conservative care (exercise). In this case, there are no diagnostic imaging results to indicate a diagnosis of osteoarthritis of the hands. Therefore the request does not satisfy the criteria and is deemed not medically necessary or appropriate.