

Case Number:	CM15-0121655		
Date Assigned:	07/02/2015	Date of Injury:	01/02/2013
Decision Date:	09/04/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/23/2015

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: New York

Certification(s)/Specialty: Emergency Medicine

CLINICAL CASE SUMMARY

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

The injured worker is a 28 year old female who sustained an industrial injury on 01/02/2013. The mechanism of injury was not made known. According to the only progress report submitted for review and dated 05/08/2015, subjective complaints included bilateral wrist pain, right greater than left. Objective findings included mild decreased range of motion in the right wrist, no edema and no swelling. Power was 3-4 out of 5 in the right wrist. The treatment plan included Naproxen and Omeprazole and MRI of the right wrist. Paraffin bath treatment to the bilateral hands/wrists was performed. The injured worker was to remain off work until 06/08/2015. Currently under review is the request for Paraffin Bath for the Bilateral Wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paraffin Bath Bilateral Wrists: 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, Paraffin Wax Bath.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrists & Hands/Paraffin Wax Baths.

Decision rationale: CA MTUS Guidelines do not address Paraffin Bath for the bilateral wrists. Official Disability Guidelines recommend paraffin wax baths as an option for arthritic hands if used as an adjunct to a program of evidence-based conservative care (exercise). According to a Cochrane review, paraffin wax baths combined with exercises can be recommended for beneficial short-term effects for arthritic hands. These conclusions are limited by methodological considerations such as the poor quality of trials. (Robinson-Cochrane, 2002) In this case, documentation did not indicate that the injured worker had an arthritic condition. Documentation did not indicate that the injured worker was involved in a program of evidence-based conservative care (exercise). The medical necessity of Paraffin Bath for the bilateral wrists is not established. The request is not medically necessary.