

Case Number:	CM15-0068593		
Date Assigned:	04/16/2015	Date of Injury:	09/22/2013
Decision Date:	05/18/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/10/2015

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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 22 year old female, who sustained an industrial injury on 09/22/2013. She reported an injury to her right middle finger. The injured worker is currently diagnosed as having pain in joint of the right hand and status post right middle finger tendon repair surgery. Treatment to date has included right middle finger surgery, massage, exercise, therapy, and medications. In a progress note dated 02/26/2015, the injured worker presented with complaints of continuous, stabbing dominant right middle finger pain with cramping and numbing sensation. The treating physician reported requesting authorization for paraffin wax therapy with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paraffin wax therapy (one refill) - right hand: 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).

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: MTUS is silent with regards to a paraffin wax therapy unit. ODG specifically states, "Recommended 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) Of the medical documentation provided, none discussed the patient having a diagnosis of arthritis or findings suggestive of arthritis. Furthermore, there is no documentation of how the current treatment modalities are failing and why a paraffin therapy unit would be useful even in a case where the employee does not have arthritis. As such, the request is not medically necessary.