

Case Number:	CM15-0073208		
Date Assigned:	04/23/2015	Date of Injury:	07/23/2007
Decision Date:	05/20/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/17/2015

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: North Carolina, Georgia
 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 62 year old male sustained an industrial injury to the back and bilateral wrists on 7/23/07. Previous treatment included left carpal tunnel release, hand therapy and medications. In a PR-2 dated 2/24/15, the injured worker complained of having nausea. The injured worker was noted to have been losing weight. Physical exam was remarkable for lumbar spine with positive right straight leg raise and limited range of motion, left elbow with positive Tinel's sign, diminished sensation of the left fourth and fifth fingers and left hand with a weaker grip. Current diagnoses included lumbar spine radiculitis, rule out lumbar spine disc displacement and left cubital tunnel syndrome. The treatment plan included weaning Norco and a paraffin bath for home use. The physician noted that a paraffin bath helped a lot during physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paraffin Bath For (Lumbar Spine And Left Elbow): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Forearm, wrist hand, Paraffin wax bath.

Decision rationale: CA MTUS is silent on the use of paraffin wax baths. ODG section on forearm, wrist and hand states that they may be useful when used in conjunction with a program of evidence based conservative care (exercise). In this case, there is documented use of a home exercise program along with active physical therapy. Paraffin wax bath is medically necessary.