

Case Number:	CM15-0077490		
Date Assigned:	04/24/2015	Date of Injury:	10/22/2014
Decision Date:	05/26/2015	UR Denial Date:	04/03/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 54 year old, male who sustained a work related injury on 10/22/14. The diagnoses have included chronic pain, closed fracture of metatarsal head and closes fracture of medial malleolus. The treatments have included x-rays, physical therapy, medications, casting and immobilization. In the PR-2 dated 2/25/15, the injured worker complains of pain in both feet, neck and lower back. He rates neck pain a 7/10. He rates the low back pain a 6/10 and the foot pain a 7/10. The foot pain is 40%, neck is 35% and low back is 25%. The treatment plan is a request for physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy with Paraffin bath for 4 sessions for bilateral foot: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines - Ankle/Foot; ODG Paraffin wax baths.

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, and Hand Chapter, Paraffin wax baths and Other Medical Treatment Guidelines Other Medical

Treatment Guideline or Medical Evidence: To evaluate the efficacy of Mobilization Techniques in Post-Traumatic stiff ankle with and without Paraffin Wax Bath Pak J Med Sci. 2013 Nov; 29(6): 1406-9.

Decision rationale: Regarding the request for Physical therapy with Paraffin bath for 4 sessions for bilateral foot, California MTUS and ODG do not address this request. ODG states that paraffin wax baths are recommended as an option for arthritic hands if used as an adjunct to a program of evidence-based conservative care (exercise). A search of the national Library of medicine revealed a study indicating that paraffin wax bath treatment may improve posttraumatic stiff ankle. This study demonstrated that joint mobilization and wax bath therapy is an effective and beneficial tool to improve the symptoms and quality of life in posttraumatic stiff ankle patients. Within the documentation available for review, it is clear the patient seems to have a stiff ankle due to posttraumatic issues. The requesting physician has asked for physical therapy sessions presumably to work on mobilization while trying the paraffin treatment. This seems to be a reasonable trial of paraffin treatment. As such, the currently requested Physical therapy with Paraffin bath for 4 sessions for bilateral foot are medically necessary.