

Case Number:	CM15-0079101		
Date Assigned:	04/30/2015	Date of Injury:	06/10/2014
Decision Date:	05/29/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/24/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 29 year old male, who sustained an industrial injury on 6/10/2014. He reported right hand and wrist injury. The injured worker was diagnosed as having right dorsal wrist pain, possible occult fracture of the trapezoid bone of the right hand, possible extensor tendinopathy, possible ligamentous strain of the right wrist, and right dorsal hand pain. Treatment to date has included x-ray, medications, magnetic resonance imaging, steroid injection, and brace. The request is for paraffin bath for the right hand. On 3/6/2015, a PR-2 revealed he had a paraffin bath of the right hand. On 3/13/2015, a PR-2 reveals he complained of nightmares. The treatment plan included: wrist brace, and paraffin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paraffin Bathe for the right hand: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cochrane Review, 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, & Hand (Acute & Chronic)-Paraffin wax baths.

Decision rationale: The request for paraffin bath for the right hand is not medically necessary per the ODG. The MTUS Guidelines do not address this issue. 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). 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. The documentation does not indicate evidence of arthritis, which is what paraffin wax baths are recommended for by the ODG. The request is not medically necessary.