

<b>Case Number:</b>	CM13-0026040		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	07/13/2009
<b>Decision Date:</b>	01/24/2014	<b>UR Denial Date:</b>	08/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in <MPR BRD CERT>, has a subspecialty in <MPR SUBSPEC CERT> and is licensed to practice in <MPR ST LICENSE>. 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 physician 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/services.

### 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 patient is a 32-year-old male who had a work injury to his right forearm on 7/3/09. The patient was diagnosed with right shoulder tendinitis, right shoulder osteoarthritis, and lumbar herniated nucleus pulposus. A request was made for seven days rental of hot and cold unit. EMG/NCS dated February 2010 revealed normal studies of the upper extremities. The patient also sustained a lifting injury to his right shoulder and low back on 5/4/12. Per the 7/15/13 visit note, the patient complained of right shoulder and low back pain, 7-8/10 on VAS. He reported that medications were able to provide temporary relief of the pain and improve sleep. Exam of the right shoulder revealed tenderness at the supraspinatus and infraspinatus muscles, decreased ROM, positive empty can test, intact sensation, and slightly decrease motor strength. Exam of the lumbar spine showed normal gait, tenderness at the paraspinal muscles, full ROM, intact sensation, and 5/5 strength. As per 7/20/13 request for authorization letter, the patient complained of right shoulder and low back pain. Exam of the bilateral upper extremities showed intact sensation and reflexes. Motor strength was slightly decreased secondary to pain in the right upper extremity. Lumbar exam showed normal gait, and tenderness and spasms noted in the paraspinal muscles and over the L3-5 segments. ROMs were within normal limits, except on extension, which was at 20 degrees. Neurologic exam of the bilateral lower extremities showed intact motor, sensory and reflex evaluations. The patient was prescribed multiple medications, continues shockwave therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**7 day rental of a hot/cold therapy unit:** 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), Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints Page(s): 173; 49. Decision based on Non-MTUS Citation ODG, Low Back, Heat Therapy

**Decision rationale:** The 7 days rental of hot/cold therapy unit is not medically necessary per MTUS and ODG guidelines. The patient did not have a recent surgery. There is no documentation explaining clearly what this hot/cold rental is being used for. Additionally there is no documentation of an extenuating circumstance which would require a hot/cold therapy unit over an at home application of a hot or cold pack. The ODG recommends cold/heat packs as an option for acute pain in the form of an at-home local application. The ACOEM states that there is no high quality scientific studies that supports the effectiveness or ineffectiveness of passive physical modalities such as heat/cold application.