

Case Number:	CM13-0038539		
Date Assigned:	12/18/2013	Date of Injury:	03/22/2011
Decision Date:	05/15/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/25/2013

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. The expert reviewer is Board Certified in Orthopaedic Surgery, and is licensed to practice in Arizona. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 38-year-old female who sustained a work-related injury on March 22, 2010. She was using a machine that required forceful use of her arms. At the end of the shift she notices soreness in her arms especially her right arm associated with pins and needles. She subsequently developed pain in her neck and right shoulder. She underwent electrodiagnostic tests which suggested bilateral carpal tunnel syndrome without cervical radiculopathy. MRI of the cervical spine revealed a 2 mm posterior disc protrusion at C5-C6. MRI of the shoulder revealed supraspinatus and subscapularis tendinitis with arthritis of the acromioclavicular joint. She subsequently underwent arthroscopic surgery for her shoulder and is being treated with epidural steroid injections for her cervical spine. While undergoing physical therapy she began developing pain in her right elbow. Request is made for a sola care heating pad to treat the pain and discomfort in her neck and shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOLAR CARE HEATING PAD - PURCHASE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 173,203,Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: The MTUS guideline recommends passive therapy such as heat therapy for short-term relief during the early phases of pain treatment. They can be used sparingly with active therapies to help control swelling, pain, and inflammation during the rehabilitation process. With the shoulder, the at-home application of heat or cold packs may be used before or after exercises. With the cervical spine, there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as heat. According to the ODG: heat therapy is to be used as an adjunct to a program of evidence-based active treatment (exercise program). The medical record does not reflect that the patient is involved in an evidence-based conservative care program which is geared to functional restoration. Therefore, the medical necessity for the purchase of a solar care heating pad has not been established.