

<b>Case Number:</b>	CM13-0047039		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/24/2009
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 Occupational Medicine and is licensed to practice in California. 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 injured worker is a 44-year-old man with the compensable injury to multiple body parts arising out of employment on July 24, 2009, now five years ago. These have included the head, neck, right shoulder, elbow, and mid and low back. The injury came about as a result of the head injury not otherwise specified. Available records do not detail the claimant's previous treatment outside of the pharmacologic management. Diagnoses are related to his cervical spine myofascial pain with possible radiculitis, right shoulder strain and right elbow sprain-strain and lumbar spine musculoskeletal injury. The primary treating doctor has recommended an MRI of the right shoulder and a right suprascapular nerve block. It is not clear if these have yet been done.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Four months of water circulating heat pad with pump rental:** 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-Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48.

**Decision rationale:** This durable medical equipment item is a device to administer regulated heat and cold. However, the MTUS/ACOEM guides note that 'during the acute to subacute phases for a period of 2 weeks or less, physicians can use passive modalities such as application of heat and cold for temporary amelioration of symptoms and to facilitate mobilization and graded exercise. They are most effective when the patient uses them at home several times a day'. Elaborate equipment is simply not needed to administer heat and cold modalities; the guides note it is something a claimant can do at home with simple home hot and cold packs made at home, without the need for such equipment or purchased wraps. As such, this DME would be superfluous and not in accordance with MTUS/ACOEM Guidelines. Therefore, the request for four months of water circulating heat pad with pump rental are not medically necessary and appropriate.

**Back vital wrap purchase:** 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-Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

**Decision rationale:** The California MTUS, specifically Chapter 12 of ACOEM dealing with the low back, note on page 298, state, lumbar supports such as this back wrap have not been shown to have any lasting benefit beyond the acute phase of symptom relief. In this case, the injured worker has had the injury for several years; per MTUS the brace would no longer be effective. Therefore, the request for a back vital wrap purchase is not medically necessary and appropriate.