

Case Number:	CM13-0047161		
Date Assigned:	12/27/2013	Date of Injury:	10/23/2012
Decision Date:	02/28/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/05/2013

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 Physical Medicine and Rehabilitation has a subspecialty in Pain 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 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. 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 25-year-old male with a date of injury of October 23, 2012. The worker has SLAP lesion and chronic shoulder pain. The patient has been treated with 12 physical therapy sessions to date. Physical examination documented in a note on date of service August 26, 2013 indicates that the patient has increased popping in clicking of the left shoulder. The patient reports no improvement in symptoms and there is tenderness to palpation in the AC joint, bicycle group, and superior deltoid. Decreased strength is noted. Included in the submitted documentation is a utilization review determination regarding physical therapy. The submitted documentation includes a utilization review determination specifying that the purchase of the solar carried heating system for the left shoulder was noncertified. However the rationale section available for review includes a discussion of why additional physical therapy is not medically necessary. I did not see any commentary regarding purchase of a solar care heating system.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase Solar Care Heating System for Left Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- treatment in Worker's Compensation, online Edition; Chapter: shoulder

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Updated Guidelines on Heat Therapy and the Official Disability Guidelines (ODG) Shoulder Chapter, Thermotherapy Topic.

Decision rationale: The California Medical Treatment and Utilization Schedule does not specifically address hot therapy units. The Official Disability Guidelines Shoulder Chapter specifies the following regarding thermotherapy: "Under study. For several physical therapy interventions and indications (eg, thermotherapy using heat, therapeutic exercise, massage, electrical stimulation, mechanical traction), there was a lack of evidence regarding efficacy. (Philadelphia, 2001)" The updated ACOEM guidelines specify the following regarding heat therapy: "Heat Therapies There are many forms of heat therapy for treatment of musculoskeletal pain including hot packs, moist hot packs, sauna, warm baths, infrared, diathermy and ultrasound. The depth of penetration of some heating agents is minimal since transmission is via conduction or convection, but the other modalities have deeper penetration. 733 A particular methodological problem with most studies of heat therapy is that despite occasional attempts at, and claims of successful blinding, it is essentially impossible to blind the patient from these interventions as they produce noticeable, perceptible tissue warming. Not surprisingly, some of these heat-related modalities have been shown to reduce pain ratings more than placebo, but it is less clear whether there are meaningful, long-term benefits. Heat therapies are passive treatments and in chronic pain settings, use of heat should be minimized to self-treatments of flare-ups with primary emphasis on functional restoration elements (e.g., exercises). The application of warmth or heat is frequently divided into dry or moist heat. Moist heat involves the application of a wet towel or other device that brings the warmed water into direct contact with the skin. Dry heat does not involve direct application of water on the surface of the skin. A water bottle is thus still classified as dry heat. Hot or heat packs are common household items or commercial products that are heated and then applied to the skin. In the simplest form, a heated towel is used. Another example is a hot water bottle that is filled with warm water. Heat wraps include devices that produce heat at greater depth than typical conductive heat.734, 735 Some chemical products (e.g., glove warmers), also produce warmth. Electrical blankets are another common source of dry heat. Moist heat most commonly involves either heating wet towels, soaking a towel in warm water, or using commercial products that are soaked in a hot bath prior to application on the skin surface. Some patients heat moist towels in a microwave oven; however this is ill-advised as the potential for steam burns is considerable. 1. Recommendation: Self-application of Heat Therapy for Chronic Low Back Pain, CRPS, or Other Chronic Pain Syndromes Self-application of low-tech heat therapy is recommended for treatment of chronic LBP, CRPS, or other chronic pain syndromes. Indications - Applications may be periodic or continuous. Applica