

Case Number:	CM13-0057517		
Date Assigned:	12/30/2013	Date of Injury:	10/25/2005
Decision Date:	05/15/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/25/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 53-year-old female who reported an injury on 10/25/2005. The mechanism of injury was not stated. Current diagnoses include chronic cervical sprain with disc protrusion and post-traumatic left and right wrist sprain with associated carpal tunnel syndrome. The injured worker was evaluated on 12/03/2013. The injured worker reported recurrent, exacerbated flare-ups of the industrial injury. Physical examination revealed limited cervical range of motion, positive shoulder depression testing, positive distraction testing, decreased grip strength, hypersensitivity and hypomobility noted in the cervical segmental levels at C1-3, muscle guarding of the paravertebral musculature, 5/5 motor strength, and decreased sensation in the median nerve distribution of the left hand. Treatment recommendations at that time included ongoing chiropractic therapy with electrical muscle stimulation and heat modalities.

IMR ISSUES, DECISIONS AND RATIONALES

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

DURABLE MEDICAL EQUIPMENT: THERMAL EASE-INFRARED HEATING PAD, NECK, BILATERALLY UPPER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

Decision rationale: California MTUS/ACOEM practice guidelines state there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as heat/cold applications. As per the documentation submitted, there is no mention of a contraindication to at-home local applications of heat packs as opposed to a thermal heating pad. The medical necessity for the requested durable medical equipment has not been established. As such, the request is non-certified.