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| Case Number: | CM13-0060215 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 09/24/2012 |
| Decision Date: | 05/15/2014 | UR Denial Date: | 11/13/2013 |
| Priority: | Standard | Application Received: | 12/03/2013 |

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of September 24, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; oral suspension; topical compounds; a shoulder corticosteroid injection; and work restrictions. In a Utilization Review Report of November 13, 2013, the claims administrator denied a request for a water-circulating heating pad. The applicant's attorney subsequently appealed. An orthopedic progress note of April 2, 2013 was notable for comments that the applicant had persistent shoulder complaints. The applicant was given a shoulder corticosteroid injection in the clinic setting and was returned to work with a 10-pound lifting limitation. The applicant was working regular duty at earlier points in life of the claim, it was incidentally noted, including in March 2013. It appears that the water-circulating heating pad was endorsed through a doctor's first report with a new attending provider, dated September 27, 2013. This note has been blurred as a result of repetitive photocopying and faxing. Several topical compounds and oral suspensions were recommended at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Water Circulating Heat Pad E0217: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 555-556. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back updated 06/12/2013, Heat Therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

Decision rationale: The device in question appears to represent a form of high-tech heating and cooling unit. As noted in the MTUS-adopted ACOEM Practice Guidelines in Chapter 9, page 203, applicants' at-home applications of heat and cold packs are as effective as those performed by therapists or, by implication, those delivered via high-tech means. In this case, the documentation on file is sparse, handwritten, difficult to follow, not entirely legible, and does not make a compelling case for a variance from the ACOEM Guidelines. Accordingly, the request for Water Circulating Heat Pad E0217 remains not medically necessary and appropriate.