

<b>Case Number:</b>	CM14-0007085		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	11/03/2012
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/18/2014

### 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 patient is a 30-year-old male who has submitted a claim for right shoulder arthropathy and derangement, and impingement syndrome; associated with an industrial injury date of 11/03/2012. Medical records from 04/26/2013 to 08/21/2013 were reviewed and showed that patient complained of intermittent and frequent sharp, dull, stabbing, aching pain in the right shoulder, graded 7-8/10. The pain was aggravated by movement, and associated with clicking, popping, and grinding sensations. Physical examination showed guarding and tenderness over the posterior shoulder. Range of motion was limited to pain. Supraspinatus press, Apley's scratch, and Neer tests were positive on the right. Motor testing was normal. Sensation was intact. Treatment to date has included medications, heat therapy, acupuncture, and physiotherapy. Utilization review, dated 12/19/2013, denied the request for water circulating heat pad with pump because guidelines do not support the use of specialized pumps.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REQUEST FOR WATER CIRC HEAT PAD W/ PUMP:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 204.

**Decision rationale:** As stated on page 204 of the CA MTUS ACOEM Guidelines, self-application of low-tech heat therapy is recommended for acute, subacute, and chronic shoulder pain. Applications may be periodic or continuous. Applications should be home-based as there is no evidence of superiority of provider-based heat treatments. In this case, the patient complains of chronic shoulder pain despite analgesics, acupuncture, and physiotherapy. Guidelines support the use of low-tech heat therapy, and not the use of specialized heat pumps. In addition, the present request as submitted failed to specify the body part to be treated, and the date of service to be reviewed. Therefore, the request for RETROSPECTIVE REQUEST FOR WATER CIRC HEAT PAD W/ PUMP is not medically necessary.