

Case Number:	CM14-0009395		
Date Assigned:	02/14/2014	Date of Injury:	02/16/2001
Decision Date:	06/24/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/24/2014

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 Physical Medicine & Rehabilitation, 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 underlying date of injury in this case is 02/16/2001. The treating diagnosis is cervical spondylosis. This patient's diagnosis is chronic, left-sided body pain including cervical spondylosis with a past history of shoulder surgery. As of 12/18/2013, the primary physician's progress report noted medications included Opana, Norco, Ambien, trazodone, and MS Contin. The patient reported increasing pain due to cold weather. A large electric moist heating pad was recommended for a cold-related flare-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

LARGE ELECTRIC MOIST HEATING PAD: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, CHAPTER 8-NECK AND UPPER BACK COMPLAINTS, 173-174

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

Decision rationale: ACOEM Guidelines, Chapter 3, Treatment, page 48, recommends the use of passive thermal modalities for a period of up to 2 weeks or less after an initial injury. The treatment guidelines overall recommend transition to active independent home rehabilitation

thereafter. This is a notably chronic injury in which the patient would have been anticipated to have transitioned into independent active home rehabilitation some time ago. The medical records do not provide an alternative rationale for purchase of thermal modality durable medical equipment at this time. This request is not medically necessary.