

Case Number:	CM14-0010100		
Date Assigned:	02/21/2014	Date of Injury:	03/08/2003
Decision Date:	06/27/2014	UR Denial Date:	12/30/2013
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 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:

This is a 57-year-old female with a 3/8/03 date of injury while working at [REDACTED] and sustaining a fall. She has not worked since the injury. The patient is status post rotator cuff repair on the left shoulder as well as biceps tenodesis and manipulation under anesthesia with scar debridement. She had postoperative physical therapy and acupuncture but was slow to recover from surgery. She was seen on 12.2.13 where it was noted the patient was 4 months post surgery and had good strength with some limited range of motion. She wanted to avoid using Narcotics and was given some heating packs, which worked, well for her. Treatment to date: Physical therapy, acupuncture, medications, UR decision date from 12/30/13 denied the request for KWIK hot packs given MTUS had no recommendations for or against at home appliances such as heat or cold packs

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR HOT PACKS KWIK HEAT INSTANT (DISPENSED 12/2/13) #5: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter Thermohterapy

Decision rationale: MTUS does not address this issue. Thermotherapy for shoulders is currently 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. The KWIK heating pack is a passive heating device, however this was prescribed for the patient's shoulders and passive thermotherapy such as heat has not been established as efficacious per ODG. Therefore, the request for KWIK heat packs was not medically necessary.