

<b>Case Number:</b>	CM14-0016437		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	01/15/2013
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 Internal 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 51 year old male who was injured on 01/15/2013. The mechanism of injury is unknown. His diagnoses include cervical strain/sprain and right shoulder strain/sprain. Prior treatment history has included shoulder injection, neck pain with therapy and medications including Naprosyn, Soma, and Norco. The patient underwent an arthroscopy of the shoulder, subacromial, subacromial decompression, and resection of the distal clavicle on 08/20/2013. Office note dated 04/29/2013 indicates the patient has complaints of discomfort in the right shoulder with overhead activities and with pushing and pulling. He also has numbness in his right hand. On physical examination, the patient is a well-developed, well-nourished 51 year old male appearing in his stated age and in no acute distress. Neurological examination of the upper extremities reveals decreased sensation in the dorsal middle digits. Motor strength is 5/5 in all muscle groups. The right shoulder shows a well-preserved anatomical alignment. There are no visible surgical or traumatic scars or burns. There is tenderness anteriorly in the shoulder and tenderness over the acromioclavicular joint. Range of motion of the shoulder is full with 170 degrees in abduction and forward flexion. With internal rotation, the patient is able to touch the inferior aspect of the scapulae bilaterally. External rotation is noted to be 60 degrees bilaterally with the patient elbows in at his sides. There is pain with internal rotation. The patient has full motor strength of the shoulder abductors and internal and external rotators to manual testing. There is no instability appreciated in the external rotation and abduction stresses. The rotator cuff strength is equal in both arms at 5/5. There is a positive impingement are noted. The requested provider requested a water circulating heat pad with pump on 10/02/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE WATER CIRCULATING HEAT PAD WITH PUMP DOS: 10/02/13:**  
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 Pain Chapter: Cryotherapy unit.

**Decision rationale:** The Official Disability Guidelines (ODG) recommends that cold/heat therapy wraps are medically appropriate and can be applied at home with standard heating pads. At-home local applications of cold packs in first few days of acute complaint; thereafter, applications of heat packs or cold packs. The medical records document there are no recent medical records that would justify the heat pad with a pump. There is no specific indication for the requested heat pad with pump. Standard heat packs would prove as beneficial. The medical necessity of the requested item has not been established. The requested item is not medically necessary.