

<b>Case Number:</b>	CM14-0150124		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	08/23/2009
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California and Maryland. 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 the case of a 59 year old female, with a date of injury last 8/23/2009, due to an undocumented incident. The 9/02/2014 Review Summary by [REDACTED] documents medical records from physician's progress notes dated 5/09/2014, 7/03/2014 and 8/22/2014. According to the progress notes dated 8/22/2014, the patient came in for consult due to right shoulder pain, tightness and limited range of motion. Tenderness was noted on the distal clavicle and pain on the inferior glide was observed. Diagnostic impressions included right shoulder impingement syndrome and rotator cuff tendinosis, and right shoulder arthroscopy. Treatment to date includes medications, physical therapy and surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Heating Pad:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder: Dynasplint System and Thermotherapy

**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 Thermotherapy [http://www.aetna.com/cpb/medical/data/500\\_599/0540.htm](http://www.aetna.com/cpb/medical/data/500_599/0540.htm).

**Decision rationale:** The prior adverse determination describes a lack of medical documentation to justify the request. The patient is status post right shoulder arthroscopy, rotator cuff debridement, subacromial decompression, and partial acromionectomy. There is an evolving adhesive capsulitis.. The Dr. describes the need for additional physical therapy, police for home exercise, and a Dyna splint. There is nothing describing the need for an electric heating pad. There may be some benefit for local application of hot packs however the documentation does not establish the need for this electrical unit. Non-certify.