

Case Number:	CM14-0152222		
Date Assigned:	09/22/2014	Date of Injury:	11/13/2002
Decision Date:	10/21/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/18/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 47-year-old female with a date of injury of 11/03/2002. The listed diagnoses per [REDACTED] from 09/02/2014 are: 1. Cervical spine strain. 2. Right rotator cuff with bursitis. 3. Right pronator teres syndrome. 4. Myofascitis. According to this report, the patient complains of neck pain, left greater than the right, and shoulder pain. The patient states that she received physical therapy for the left shoulder. She is receiving occupational therapy with recommendations for a home paraffin unit, D-core pillow and neck wraps for heat and icing. Her pain without medication is 10/10 and with medication, 6/10 to 7/10. The examination of the right shoulder show moderate tenderness over the right acromioclavicular joint, subscapularis, and supraspinatus insertions. Bilateral occipital regions are moderately tender and spastic. Spurling's sign is negative. Fullness over the right 3rd more than the 2nd and 4th MCP levels of her flexor tendon. There are no palpable clicks at this time. The utilization review denied the request on 09/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME PARAFFIN UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, KNEE AND LEG

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Heating Devices AETNA Guidelines Aetna considers electric heating pads medically necessary durable medical equipment (DME) to relieve certain types of pain, decrease joint and soft tissue stiffness, relax muscles, or reduce inflammation. A heating pad is not of proven value to treat pain due to peripheral neuropathy, including but not limited to diabetic neuropathy. Passive hot plus cold ther

Decision rationale: This patient presents with neck and bilateral shoulder pain. The treater is requesting a home paraffin unit. The MTUS, ACOEM, and ODG Guidelines do not address this request. However, Aetna Guidelines on heating devices states that portable paraffin baths are medically necessary DME, for members who have undergone a successful trial period of paraffin therapy and the member's condition (e.g. severe rheumatoid arthritis of the hand) is expected to be relieved by the long-term use of this modality. The reports from 02/03/2014 to 09/02/2014 do not show any trial of paraffin therapy. The treater does not explain what this paraffin unit will be used for. Furthermore, the patient does not have a diagnoses of rheumatoid arthritis. Recommendation is for denial.

NECK WRAP: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cold packs Recommended. Insufficient testing exists to determine the effectiveness (if any) of heat/cold applications in treating mechanical neck disorders, though due to the relative ease and lack of adverse affects, local applications of cold packs may be applied during first few days of symptoms followed by applications of heat packs to suit patient. (Gross-Cochrane, 2002) (Aker, 1999) (Bigos, 1999)

Decision rationale: This patient presents with neck and bilateral shoulder pain. The treater is requesting a neck wrap. The MTUS and ACOEM Guidelines do not address this request. However, ODG Guidelines on cold packs states, "Recommended. Insufficient testing exist to determine the effectiveness (if any) of heat/cold applications in treating mechanical neck disorders, though due to the relative ease and lack of adverse side effects, local applications of cold packs may be applied during the first few days of symptoms followed by the application of heat packs to soothe patient." The 08/04/2014 report notes moderate spasms and tenderness over the right occipital region. In addition, there is moderate tenderness over the right paraspinal regions of the cervicis splenius, levator scapulae, superior trapezius and rhomboids with guardedness upon bilateral rotation and lateral flexion. ODG Guidelines does recommend the use of heat/cold applications in treating neck disorders. Recommendation is for authorization.

D-CORE PILLOW: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, PILLOW

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pillow Recommend use of a neck support pillow while sleeping, in conjunction with daily exercise. This RCT concluded that subjects with chronic neck pain should be treated by health professionals trained to teach both exercises and the appropriate use of a neck support pillow during sleep; either strategy alone did not give the desired clinical benefit. (Helewa, 2007)

Decision rationale: This patient presents with neck and bilateral shoulder pain. The treater is requesting a D-core pillow. The MTUS and ACOEM Guidelines do not address this request. However, ODG Guidelines under the neck section for pillows states, "Recommend use of a neck support pillow while sleeping, in conjunction with daily exercise." Given the patient's chronic neck symptoms, ODG does recommend the use of neck support pillow. Recommendation is for authorization.

PHYSICAL THERAPY 1-2 X WEEK FOR A TOTAL OF 6 VISITS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

Decision rationale: This patient presents with neck and bilateral shoulder pain. The treater is requesting physical therapy 1 to 2 times per week for a total of 6 visits. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The records do not show any physical therapy reports to verify how many treatments the patient has received and with what results. It appears that the patient has not had any therapy in a while and a refresher course of physical therapy may be reasonable. However, the requested 12 sessions exceed MTUS Guidelines. Recommendation is for denial.