

Case Number:	CM14-0156627		
Date Assigned:	09/26/2014	Date of Injury:	01/23/2014
Decision Date:	10/29/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/24/2014

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 Pain Management 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 injured worker is a 44 year old male who sustained work-related injuries on January 23, 2014. Per the initial records dated January 23, 2014, the injured worker presented with complaints of left shoulder pain rated at 6/10. The pain was secondary to an electric shock. As he was cleaning an elevator, he pulled his arm out he felt a pop in his left shoulder. Objectively, he was in moderate distress and has left shoulder erythema. Tenderness was noted to the supraspinatus region, acromioclavicular joint, deltoid, and subacromial region. His range of motion was decreased especially with flexion and extension. X-rays of the left shoulder revealed minimal degenerative arthritis changes involving the acromioclavicular joint, but were otherwise unremarkable. He underwent a urine toxicology screening on July 30, 2014 and findings revealed that he was positive for acetaminophen, hydrocodone, hydromorphone and norhydrocodone. The most recent records dated July 23, 2014 noted that the injured worker continued to have pain and discomfort in the left shoulder with limited range of motion. He also continued to experience tightness and stiffness to the cervical spine. Objectively, tenderness and spasms were noted over the cervical spine area with painful range of motion. Radiculopathy was also noted in the left upper extremity with tenderness to the left shoulder. He is diagnosed with (a) anterior dislocation to the left shoulder rule out derangement, (b) cervical spine sprain, and (c) thoracic spine sprain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Heat Pad: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Cold/Heat Packs, Official Disability Guidelines (ODG) Low Back, Heat Therapy

Decision rationale: According to evidence-based guidelines, hot packs which are also a form of heat therapy are recommended as an option by evidence-based guidelines. It has been found to be helpful in pain reduction and return to normal function. In this case, the injured worker is noted to be experiencing continued pain and discomfort in spite of the chiropractic treatments and medications he has been receiving. Heat pads are a low cost option form of treatment which can be used as part of the ongoing conservative treatment for this injured worker. Based on these reasons, the requested heat pad is considered to be medically necessary.