

Case Number:	CM14-0028492		
Date Assigned:	06/20/2014	Date of Injury:	11/15/2010
Decision Date:	07/28/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/06/2014

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 Orthopedic Surgeon 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 63-year-old male who reported an injury on 11/15/2010. The mechanism of injury was not provided. On 11/12/2013, the injured worker presented with right shoulder pain, diminished range of motion, and ongoing significant low back pain with left lumbar radicular pain with numbness to the calf and bottom of the left foot. Upon examination of the shoulder, there was limited range of motion with positive impingement sign. The Hawkins and Neer's test were positive. The lumbar spine examination revealed low back diffuse tenderness to the left of the midline and positive straight leg raise on the left, with hyperplasia in the lumbar spine and S1 distribution with light touch to pinprick. The diagnoses were partial thickness rotator cuff tear of the right shoulder, with chronic impingement syndrome, degenerative superior labral tear of the right shoulder, status post lumbar decompressive surgery L5-S1 level with persistent left lumbar radiculopathy. Prior therapy included injections and medications. The provider recommended a water circ heat pad with pump. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

WATER CIRC HEAT PAD WITH PUMP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in

Workers' Comp. OCG Treatment, Integrated Treatment/Disability & Duration Guidelines, Shoulder (Acute & Chronic).

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, Heat Therapy.

Decision rationale: The Official Disability Guidelines recommend heat therapy as an option. A number of studies show continuous low-level heat wrap therapy to be effective for treating low back pain. Combining continuous low-level heat wrap therapy with exercise during the treatment of acute low back pain significantly improves functional outcomes compared with either intervention alone. There is moderate evidence that heat wrap therapy has been found to be helpful for pain reduction and return to normal function. The injured worker is past the acute phase of his injury. Furthermore, there is no documentation of exercise in conjunction with heat wrap therapy. Additionally, there is no evidence to support the need for water circulation and a heating pad with a heat pump as opposed to a traditional heating pad. Additionally provider's request did not indicate the site at which the head pad with pump was indicated for. As such, the request for water circ heat pad with pump is not medically necessary and appropriate.