

Case Number:	CM14-0031810		
Date Assigned:	06/20/2014	Date of Injury:	11/20/2013
Decision Date:	08/14/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/13/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 42 year old female who was injured on 11/20/13. She was diagnosed with left shoulder muscle spasm, shoulder pain, shoulder sprain/strain, impingement, bursitis, and shoulder contusion. She was treated with oral medications, a sling, cold and heat modalities, and home exercises. On 2/26/14, she was seen by her primary treating physician, complaining of left shoulder pain and left elbow pain, moderate in severity with the inability to move the left shoulder without causing pain. On Physical examination, left shoulder exhibited decreased range of motion and tenderness to palpation as well as positive impingement and positive apprehension tests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Infra Lamp: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guideline (ODG), Heat therapy.

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 section, Infrared therapy (IR).

Decision rationale: The California MTUS Guidelines do not specifically address infrared therapy for shoulder pain. The ODG, however, mentions infrared therapy as a type of heat therapy that is not recommended over other heat therapies to treat pain, and only considers it an option for low back pain as long as it is an adjunct to an exercise program, based on one trial that found it helpful. Due to no evidence to date existing to suggest infrared therapy is superior to other heat therapies and for shoulder pain specifically, it is not currently accepted as a proven therapy for shoulder pain. In the case of this worker, she had been experiencing chronic shoulder pain and had trialed other therapies, but had also been using heat therapy, reportedly. Infrared therapy is not likely to provide any more significant benefit her current heat therapy modality. Therefore, the infrared lamp is not medically necessary.