

Case Number:	CM14-0035851		
Date Assigned:	06/23/2014	Date of Injury:	08/19/2011
Decision Date:	07/22/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/24/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 43 year old female with reported injury on 08/19/2011. The mechanism of injury was not provided. The injured worker had an exam on 02/27/2014 with multiple complaints to include depression, headaches, right arm pain, neck and shoulder stiffness. The injured worker had an electromyography on 02/05/2014. There was no documentation provided as to previous treatment and efficacy. There was no documentation provided of a medication list or pain management. The diagnoses included cervical strain with disc C5-6, right shoulder impingement nerve compression, status post right ulnar nerve release, depression and anxiety, headaches and weight gain. The treatment plan recommended to continue with therapy, heating pad, cervical pillow and possible injections. The request for authorization and the rationale was not provided.

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 Non-MTUS Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211.

Decision rationale: The request for a heating pad is not medically necessary. The ACOEM guidelines recommend that conservative care for impingement syndrome can be carried out for at least three to six months before considering surgery. There is no documentation of previous treatment and outcome. There is no evidence of suggested surgery. There is no evidence to support the need or benefit of the use of a heating pad; therefore, the request for a heating pad is not medically necessary.