

Case Number:	CM14-0040745		
Date Assigned:	06/27/2014	Date of Injury:	03/12/2010
Decision Date:	08/19/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/07/2014

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 Nevada. 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 47-year-old male who was reportedly injured on March 12, 2010. The mechanism of injury is noted as a repetitive activity. The most recent progress note dated March 17, 2014, indicates that there are ongoing complaints of shoulder and arm pain. The physical examination demonstrated shoulder impingement signs and tenderness at the acromion and greater tuberosity's bilaterally. Decreased strength was noted with abduction as well as external rotation. Diagnostic imaging studies reported arthritis at the acromioclavicular joints. A magnetic resonance image of the right shoulder noted a moderate partial rotator cuff tear and a possible labral tear. Physical therapy was recommended. Previous treatment includes cervical and lumbar spine surgery as well as physical therapy and lumbar epidural steroid injections. A request was made for a 30 day rental of a ThermoCare -2 pad and was not certified in the pre-authorization process on April 2, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 ThermoCare-2 30 day rental and purchase of pad: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 - Lumbar and Thoracic, Heat Therapy.

Decision rationale: The Official Disability Guidelines recommends the use of low-level heat wraps for treating low back pain. One study in particular noted that a ThermaCare heat wrap was more effective than others. The previous utilization management review dated April 2, 2014, stated that there is no evidence that a digitally controlled heating pad has any advantages over other readily available hot packs; however those are not continuous low-level heat therapy units as discussed by the ODG. For these reasons this request for a 30 day rental of a Thermacare-2 unit and the purchase of a pad is medically necessary.