

<b>Case Number:</b>	CM14-0062926		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	08/05/2003
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 71-year-old female who was reportedly injured on August 5, 2003. The mechanism of injury was noted as an object falling on the left foot. The most recent progress note dated May 23, 2014, indicated that there were ongoing complaints of left foot pain, left ankle, and left hip pain. There was a previous left foot surgery for resection of a sebaceous cyst. A physical examination demonstrated generalized decreased strength of the left lower extremity. There were slightly decreased lumbar spine range of motion and tenderness along the lower lumbar spine musculature. There was also tenderness at the left greater trochanteric area. Diagnostic imaging studies were not reviewed at this time. A request was made for a non-electric heating pad and was not certified in the pre-authorization process on April 20, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Non electric heating pad (for purchase):** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment in Worker's Compensation, Ankle & Foot Procedure Summary (updated 03/26/2014).

**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, Updated July 3, 2014.

**Decision rationale:** According to the Official Disability Guidelines, heat therapy is recommended as an option for treatment. A number of studies show continuous low-level heat wrap therapy to be effective for treating low back pain. The injured employee has stated that she has previously used heat to help reduce her pain. Considering this, this request for a nonelectric heating pad is medically necessary.