

<b>Case Number:</b>	CM14-0094309		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	12/08/2013
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 71-year-old male who has submitted a claim for right shoulder arthritis and at AC joint and right shoulder impingement associated with an industrial injury date of December 8, 2013. Medical records from June 9, 2014 were reviewed showing moderate to severe right shoulder pain that was frequent and achy. Patient had difficulty with extending his right arm over his shoulder. Pain medication and physical therapy were of benefit. Patient is currently not working. Physical examination noted localized tenderness at the right anterior acromion, right subdeltoid bursa, and right AC (Acromioclavicular) joint. There was no visible evidence of atrophy in the arm or forearm bilaterally. Right shoulder had decreased ROM (Range of Motion) and muscle strength 4/5. Right elbow and wrist also had decreased muscle strength 4/5. X-rays of the right shoulder demonstrated arthritis at the right shoulder AC joint. Treatment to date has included Naproxen, tramadol, omeprazole, cyclobenzaprine, and topical creams. Utilization review from June 6, 2014 denied the request for appeal [REDACTED] Multi-Stim unit for 90 days rental and electric heat pad purchase. Request is not reasonable as there is no indication that pain is ineffectively controlled due to diminished effectiveness of medications, or that pain is ineffectively controlled with medications due to side effects; or that there is a history of substance abuse. The reason for denial of electric heat pad purchase was not made available.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electric Heat Pad Purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Shoulder

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Cold/heat packs

**Decision rationale:** The CA MTUS ACOEM Shoulder complaints states that at-home applications of heat or cold packs may be used before or after exercises and are as effective as those performed by a therapist. The Official Disability Guidelines state that cold/heat packs are recommended as an option for acute pain only for low back, elbow, and knees. At home, local applications of cold packs in the first few days of acute complaint; thereafter, applications of heat packs or cold packs are recommended. As per ODG, continuous flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In this case, the patient complained of chronic shoulder pain. Cold/heat packs are recommended as option for acute pain of low back, elbow, and knees. In addition, the patient did not undergo any kind of surgery recently. Moreover, the targeted body part was not indicated. Therefore, the request for electric heat pad purchase is not medically necessary.