

<b>Case Number:</b>	CM14-0094729		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	11/27/2013
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 11/27/13 when, while repetitively unloading containers and lifting boxes, he developed neck, shoulder, and upper arm pain. Treatments included injections and physical therapy. He was seen on 01/19/14. He was having neck and bilateral shoulder pain. Physical examination findings included right cervical paraspinal, upper trapezius muscle, and right shoulder tenderness. There was decreased and painful cervical spine and right shoulder range of motion. He had positive right shoulder impingement, apprehension and Yergason's testing. He was referred for physical therapy. Topical compounded cream was prescribed. Authorization for a Functional Capacity Evaluation was requested. A magnetic resonance imaging (MRI) of the right shoulder on 04/13/14 included findings of a full thickness rotator cuff tear and, bursitis, biceps tenosynovitis, and osteoarthritis of the glenohumeral and acromioclavicular joints. On 04/28/14 he was having ongoing bilateral shoulder and cervical spine pain. Physical examination findings included decreased and painful cervical spine range of motion with paraspinal and trapezius muscle tenderness. On 05/27/14 he was having constant right shoulder pain radiating to the elbow. Physical examination findings included decreased shoulder range of motion with spasms. Medications were continued.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Moist heat pad:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7: Chronic Pain, p168

**Decision rationale:** The claimant is more than one year status post work-related injury and continues to be treated for bilateral shoulder and cervical spine pain. The use of modalities such as heat and ice are low cost as at-home applications, have few side effects, and are noninvasive. Self-application of low-tech heat therapy is recommended for treatment of chronic lower back pain (LBP), Complex regional pain syndrome (CRPS), or other chronic pain syndromes. Therefore, the requested moist heat pad was medically necessary.