

<b>Case Number:</b>	CM15-0006609		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	06/21/1994
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 an 80-year-old male who reported an injury on 06/21/1994, due to an unspecified mechanism of injury. On 12/18/2014, he presented for a followup evaluation. He reported that he had been started on losartan for better hypertension control and reported occasional episodes of dyspepsia. A physical examination of the extremities showed no edema, normal muscle strength, tone and no cyanosis. He also had no gross motor or sensory deficits noted. His medications included aspirin, finasteride, folic acid, hydrocodone/acetaminophen, losartan, montelukast, omeprazole, sertraline, simvastatin and temazepam. The treatment plan was for an electric heating pad. A rationale for the request was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electric Heating Pad:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Cold/Heat

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, DME.

**Decision rationale:** According to the Official Disability Guidelines, durable medical equipment is defined as equipment which can withstand repeated use, it is appropriate for use in an injured worker's home and can normally be rented. Based on the clinical documentation submitted for review the injured worker was not noted to have any motor deficits or abnormalities on his physical examination in the most recent clinical note. Therefore, the rationale for the request for a heating pad is unclear. Also, it is unclear whether the heating pad is being requested as a purchase or as a rental. Furthermore, the rationale for an electric heating pad rather than at home regular moist heat was not provided. Therefore, the request is not supported. As such, the request is not medically necessary.