

Case Number:	CM15-0131952		
Date Assigned:	07/20/2015	Date of Injury:	07/11/2009
Decision Date:	08/14/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/08/2015

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
 Certification(s)/Specialty: Emergency Medicine

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 43 year old female with an industrial injury date of 07/11/2009. Her diagnoses included pain in joint (shoulder), lumbar disc displacement without myelopathy, neck pain and recurrent depression. Comorbid diagnosis was high blood pressure. Prior treatment included surgery, medication, Thermacare and cognitive behavioral therapy. She presents on 04/23/2015 with complaints of bilateral shoulder pain. The pain is made worse with lifting, pushing and pulling. Rest and medication make the pain better. Objective findings noted normal muscle tone in upper and lower extremities. Strength was normal. There were no abnormalities in gait. She has a painful arc bilaterally on the right side and left side. She has 90% of forward flexion bilaterally. She had a positive empty can sign on the left. There was tenderness along both shoulder capsules and arthroscopic scars from past surgeries. The treatment request is for Thermacare heat wrap #2 with 5 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thermacare heatwrap #2 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

Decision rationale: The requested Thermacare heatwrap #2 with 5 refills, is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 8, Neck and Upper Back Complaints, Initial Care, Physical Modalities, Page 174, recommend hot and cold packs only for the first few days of initial complaints. The injured worker has bilateral shoulder pain. The pain is made worse with lifting, pushing and pulling. Rest and medication make the pain better. Objective findings noted normal muscle tone in upper and lower extremities. Strength was normal. There were no abnormalities in gait. She has a painful arc bilaterally on the right side and left side. She has 90% of forward flexion bilaterally. She had a positive empty can sign on the left. There was tenderness along both shoulder capsules and arthroscopic scars from past surgeries. The treating physician has not documented the medical necessity for this DME beyond the initial first few days of treatment. The criteria noted above not having been met, Thermacare heatwrap #2 with 5 refills is not medically necessary.