

Case Number:	CM15-0201908		
Date Assigned:	10/16/2015	Date of Injury:	11/20/2007
Decision Date:	12/02/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/14/2015

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, District of Columbia,
 Maryland Certification(s)/Specialty: Anesthesiology, Pain
 Management

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 60 year old female, who sustained an industrial injury on 11-20-2007. She has reported injury to the neck, right shoulder, and low back. The diagnoses have included cervical degenerative disc disease; lumbar degenerative disc disease; status post lumbar fusion; right shoulder recurrent rotator cuff tear; and status post right shoulder arthroscopy with bicipital tenotomy and subacromial decompression with anterior acromioplasty and mini-open bicipital tenodesis, on 07-28-2015. Treatments have included medications, diagnostics, activity modification, sling, physical therapy, and surgical intervention. Medications have included Norco, Relafen, and Gabapentin. A progress report from the treating provider, dated 08-27-2015, documented a follow-up visit with the injured worker. The injured worker reported that she underwent right shoulder arthroscopy on 07-28-2015; she continues to have right shoulder pain, which she rates as an 8 out of 10 in intensity; she takes Norco four times a day to manage her pain; and she reports a recent event one week ago where she fell face forward and noticed slight bleeding in the area of the incisions. Objective findings included "x-rays, two views, of the right shoulder were obtained and personally interpreted; findings are as follows: suture anchors are in satisfactory position"; incisions are healing well; and she demonstrates loss in range of motion and needs to gain further strength in order to enhance the healing process. The treatment plan has included the request for Thermacure rental for 60 days, date of service: 07-28-15; and Thermacure wrap-pad purchase, date of service: 07-28-15. The original utilization review, dated 09-23-2015, modified the request for Thermacure rental for 60 days, date of service: 07-28-15 and Thermacure wrap-pad purchase, date of service: 07-28-15 to 7 day post-operative in a partial certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thermacure rental for 60 days, DOS 7/28/15: 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).

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, Heat Therapy.

Decision rationale: The MTUS ACOEM p308 considers at-home applications of local heat or cold to low back an optional physical treatment method for evaluating and managing low back complaints. Per the ODG guidelines, "Recommended as an option. A number of studies show continuous low-level heat wrap therapy to be effective for treating low back pain. (Nadler-Spine, 2002) (Nadler, 2003) (Lurie-Luke, 2003) (Berliner, 2004) (Lloyd, 2004) One study compared the effectiveness of the Johnson & Johnson Back Plaster, the ABC Warme-Pflaster, and the Procter & Gamble ThermaCare Heat Wrap, and concluded that the ThermaCare Heat Wrap is more effective than the other two. (Trowbridge, 2004) Active warming reduces acute low back pain during rescue transport. (Nuhr-Spine, 2004) Combining continuous low-level heat wrap therapy with exercise during the treatment of acute low back pain significantly improves functional outcomes compared with either intervention alone or control. (Mayer-Spine, 2005) There is moderate evidence that heat wrap therapy provides a small short-term reduction in pain and disability in acute and sub-acute low-back pain, and that the addition of exercise further reduces pain and improves function." Thermacare heat therapy is recommended in acute pain and not for chronic pain, as the injured worker presents with chronic back pain, therefore the request is not medically necessary and cannot be affirmed.

Thermacure wrap/pad purchase, DOS 7/28/15: 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).

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, Heat Therapy.

Decision rationale: The MTUS ACOEM p308 considers at-home applications of local heat or cold to low back an optional physical treatment method for evaluating and managing low back complaints. Per the ODG guidelines, "Recommended as an option. A number of studies show continuous low-level heat wrap therapy to be effective for treating low back pain. (Nadler-Spine, 2002) (Nadler, 2003) (Lurie-Luke, 2003) (Berliner, 2004) (Lloyd, 2004) One study compared the

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