

Case Number:	CM15-0204386		
Date Assigned:	10/21/2015	Date of Injury:	12/03/2008
Decision Date:	12/02/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/19/2015

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: Preventive Medicine, Occupational 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 38 year old male, who sustained an industrial injury on 12-3-08. The injured worker has complaints of left shoulder pain aggravated by overhead activities. Right and left shoulder have no deformity or spams; no swelling or ecchymosis; no atrophy of the left and right parascapular muscles; no atrophy of the left and right supraspinatus or infraspinatus; no atrophy of the left and right arm or no atrophy of the left and right forearm. Range of motion was decreased in both the left and right shoulder. Right shoulder had moderate tenderness at the subacromial bursa and had positive Neer impingement test, Hawkins impingement test and Jobe test. Left shoulder had mild tenderness at the subacromial bursa. There was tenderness present at the right acromioclavicular joint and there was positive anterior acromioclavicular (AC) joint stress test and posterior acromioclavicular (AC) joint stress test. The diagnoses have included sprain shoulder/arm not otherwise specified. Treatment to date has included injections; maximum amount of physical therapy and self-directed exercises. The original utilization review (9-25-15) non-certified the request for 1 solar care FIR heating system to include FIR head pad.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Solar Care FIR heating system to include FIR head pad: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Occupational Medicine Practice Guidelines. Evaluation and management of common health problems and functional recovery in workers. 3rd ed. Elk Grove Village (IL): American College of Occupational and Environmental Medicine (ACOEM); 2011. 1-297.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back/Heat.

Decision rationale: MTUS Guidelines support the application of hot packs for the treatment of shoulder and/or other chronic musculoskeletal pain. The Guidelines do not support the specific use of infrared heating or any other type of specialized equipment. ODG Guidelines address this issue in the greatest detail in the section on low back pain. The Guidelines suggest heat wraps as the most effective and state that superficial heat is as effective as any other forms of heat applications. The Guidelines do not support the requested specialized Infrared heating unit. 1 Solar Care FIR heating system to include FIR head pad is not medically necessary.