

Case Number:	CM15-0209631		
Date Assigned:	10/28/2015	Date of Injury:	03/16/2005
Decision Date:	12/17/2015	UR Denial Date:	10/03/2015
Priority:	Standard	Application Received:	10/23/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 57 year old female who sustained an industrial injury on 03-16-2005. According to a handwritten partially legible progress report dated 09-18-2015, the injured worker was seen for right shoulder pain. Pain level was not documented. Review of systems was positive for joint pain, muscle spasm, sore muscles, gait abnormality, headaches and dizziness. Objective findings included tenderness and positive crepitus. Impression was noted as right shoulder strain. The treatment plan included chiropractic care for the right shoulder, home interferential unit and Thermaphore and Fexmid. On 10-03-2015, Utilization Review non-certified the request for purchase Thermaphore heat pad.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase Thermaphore heat pad: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper back chapter, Heat/cold applications.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back.

Decision rationale: The claimant was diagnosed with a right shoulder strain/sprain 10 years ago and complains of chronic right shoulder pain. The request is for purchase of a Thermaphore heat pad for the right shoulder. ODG specifically address application of heat/cold to benefit chronic pain. There is no evidence that a heating pad has any benefit for chronic pain. There is also no rationale given as to why a simple, low-tech method such as heat/cold packs using moist heating pads and ice cannot be utilized at home. Therefore, the Thermaphore heat pad device is not medically necessary or appropriate.