

<b>Case Number:</b>	CM15-0024676		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	06/09/2012
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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: Texas, New York, 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 applicant is a represented 37-year-old [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of June 9, 2012. In a Utilization Review Report dated February 6, 2015, the claims administrator failed to approve ThermaCare heat bandages or ThermaCare heat wraps for the shoulder. The claims administrator went on to support alternate treatments by proposing that the applicant employ Thermo creams. Non-MTUS ODG Guidelines were invoked in favor of MTUS Guidelines. The claims administrator incorrectly stated that the MTUS does not address the topic. The claims administrator referenced an RFA form dated February 2, 2015 in its determination. The applicant's attorney subsequently appealed. On November 3, 2014, the applicant reported ongoing complaints of shoulder pain. Naprosyn, diclofenac, Prilosec, and ThermaCare heat wraps were endorsed. The applicant was given permanent work restrictions. It was not clearly stated whether the applicant was or was not working with said permanent limitations in place.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Thermacare bandage for left shoulder #30 with 5 refills: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Shop for thermacare on [REDACTED] ThermaCare HeatWraps ThermaCare HeatWraps [REDACTED] Boxed Whole, ThermaCare HeatWraps ThermaCare HeatWraps [REDACTED].com(67)ThermaCare Heatwraps ThermaCare Heatwraps [REDACTED].com(94)"ThermaCare Lower Back And Hip Heat Wraps, Large/XL,2/Pack" "ThermaCare Lower Back A, [REDACTED] HealthProduc.

**Decision rationale:** Yes, the request for ThermaCare heat wraps was medically necessary, medically appropriate, and indicated here. Based on the product description, the ThermaCare heat wraps at issue do represent simple, low-tech applications of heat therapy. The applicant's primary pain generator is the shoulder. As noted in the MTUS Guideline in ACOEM Chapter 9, Table 9-3, page 204, at-home local applications of heat and cold are recommended as methods of symptom control for shoulder pain complaints, as were present here on or around the date in question. Given the low cost of the ThermaCare heat wraps/ThermaCare bandages that issue, the lack of any significant risks associated with usage of the topical heat applications, and the favorable ACOEM position on the same, the request was indicated on around the date in question. Therefore, the request was medically necessary.