

Case Number:	CM15-0042275		
Date Assigned:	03/12/2015	Date of Injury:	02/01/2013
Decision Date:	04/20/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	03/05/2015

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: Internal 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 53 year old female, who sustained an industrial injury on February 1, 2013. She reported low back pain, right shoulder pain and right elbow pain. The injured worker was diagnosed as having lateral epicondylitis of the right elbow and status post right shoulder surgery with associated loss of range of motion and weakness. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the right shoulder, pain medications and work restrictions. Currently, the injured worker complains of low back pain, right shoulder, elbow and upper extremity pain with decreased range of motion post-operatively. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. She was treated surgically and conservatively without resolution of the pain. Evaluation on September 29, 2014, revealed continued pain. She reported worsening symptoms secondary to no post-operative therapy. Pain medications were renewed. Evaluation on November 17, 2014, revealed residual right shoulder pain. It was noted she was attending physical therapy and taking Tylenol occasionally for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Infrared heating pad purchase for the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Work Loss Data Institute. Shoulder (acute & chronic). Encinitas (CA): Work Loss Data Institute; 2013 Jun 12.
<http://www.guideline.gov/content.aspx?id=47591>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses physical modalities. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 9 Shoulder Complaints (Page 203) indicates that physical modalities, such as massage, diathermy, cutaneous laser treatment, ultrasound treatment, transcutaneous electrical neurostimulation (TENS) units, and biofeedback are not supported by high-quality medical studies. Work Loss Data Institute guidelines for the shoulder indicate that thermotherapy is not recommended. ACOEM 3rd Edition (2011) does not recommend infrared therapy for shoulder disorders. The medical records document a history of right shoulder impingement, rotator cuff tear, acromioclavicular joint arthrosis, biceps tear, status shoulder arthroscopy 7/31/14. MTUS, ACOEM, and Work Loss Data Institute guidelines do not support the request for an infrared heating pad for the shoulder. Therefore, the request for a infrared heating pad for the right shoulder is not medically necessary.