

Case Number:	CM15-0089920		
Date Assigned:	05/14/2015	Date of Injury:	08/01/2014
Decision Date:	06/22/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/11/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 44-year-old male, who sustained an industrial injury on August 1, 2014, incurring neck and shoulder injuries. He was diagnosed with cervical strain, left shoulder sprain, right shoulder sprain and bilateral carpal tunnel syndrome. Treatment included anti-inflammatory drugs, pain medications, muscle relaxants, physical therapy, orthopedic consultation, chiropractic sessions, and work restrictions. Currently, the injured worker notes persistent pain and stiffness of the left shoulder with limited range of motion. The treatment plan that was requested for authorization included a moist electric heating pad, retrospectively.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Electric Heat Pad, moist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initial approaches to treatments Page(s): 44.

Decision rationale: According to MTUS guidelines, "Musculoskeletal symptoms can be managed with a combination of heat or cold therapy, short-term pharmacotherapy (oral medication), a short period of inactivity, specific recommendations regarding employment and recreational activities, and judicious mobilization and resumption of activity, even before the patient is pain-free." There is no evidence of functional improvement or reduction in medication usage with the previous heat pad treatment. Therefore, the retrospective prescription of moist electric heat pad is not medically necessary.