

Case Number:	CM15-0112552		
Date Assigned:	06/19/2015	Date of Injury:	12/11/2012
Decision Date:	07/23/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/11/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52 year old male, who sustained an industrial injury on 12/11/2012. He reported cumulative trauma injury resulting in pain in his left shoulder, left neck, and left arm. The injured worker is currently able to return to work with modifications but not working due to employer not being able to accommodate the modifications. The injured worker is currently diagnosed as having C3-C4 and C4-C5 small to moderate disc herniations, C5-C6 and C6-C7 small disc herniations, cervical sprain, left elbow lateral epicondylitis, mild left cubital tunnel syndrome per neurodiagnostic studies, and status post left shoulder arthroscopy with rotator cuff repair. Treatment and diagnostics to date has included shoulder surgery, physical therapy, chiropractic treatment, use of Dynasplint helps his left elbow, and medications. In a progress note dated 05/06/2015, the injured worker presented with complaints of ongoing pain in the neck with radiation to the left shoulder and states that his range of motion in his shoulder has improved since surgery, but continues to have pain with reaching. Objective findings include decreased cervical and left more than right shoulder range of motion. The treating physician reported requesting authorization for Thermacure, Thermacure pad, and durable medical equipment set up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thermacure: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Neck Chapter, Heat/cold applications topic.

Decision rationale: The patient was injured on 12/11/12 and presents with ongoing neck pain with radiation to the left shoulder. The request is for Thermacare. There is no RFA provided and the patient is to "return to modified work with the following limitations or restrictions: no pushing, pulling, or lifting with the left arm, 10 minute break for every one hour work, no overhead work. ODG guidelines under Neck Chapter, Heat/cold applications topic, recommend heat/cold applications. " Insufficient testing exists to determine the effectiveness (if any) of heat/cold applications in treating mechanical neck disorders, though due to the relative ease and lack of adverse affects, local applications of cold packs may be applied during first few days of symptoms followed by applications of heat packs to suit patient. (Gross-Cochrane, 2002) (Aker, 1999) (Bigos, 1999) In this case, the treater does not clarify what the request is. The patient is diagnosed with C3-C4 and C4-C5 small to moderate disc herniations, C5-C6 and C6-C7 small disc herniations, cervical sprain, left elbow lateral epicondylitis, mild left cubital tunnel syndrome per neurodiagnostic studies, and status post left shoulder arthroscopy with rotator cuff repair. He has a limited cervical spine range of motion and a limited shoulder range of motion. ODG guidelines support the use of thermacare "during first few days of symptoms followed by applications of heat packs to suit patient". However, the patient has chronic neck pain and was injured in 2012. The patient does not present with a new injury or flare-up's for which thermacare may be indicated. Due to lack of support from ODG guidelines, the request is not medically necessary.

Thermacure pad: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Neck Chapter, Heat/cold applications topic.

Decision rationale: The patient was injured on 12/11/12 and presents with ongoing neck pain with radiation to the left shoulder. The request is for Thermacare Pad "for home use". There is no RFA provided and the patient is to "return to modified work with the following limitations or restrictions: no pushing, pulling, or lifting with the left arm, 10 minute break for every one hour work, no overhead work." The 05/06/15 report states that "a heating pad would be beneficial in providing the patient with additional pain relief. I am requesting that the patient be dispensed a heating pad for at home use". ODG guidelines under Neck Chapter, Heat/cold applications topic, recommend heat/cold applications. "Insufficient testing exists to determine the effectiveness (if any) of heat/cold applications in treating mechanical neck disorders, though due to the relative

ease and lack of adverse affects, local applications of cold packs may be applied during first few days of symptoms followed by applications of heat packs to suit patient. (Gross- Cochrane, 2002) (Aker, 1999) (Bigos, 1999)" In this case, the treater does not clarify what the request is. The patient is diagnosed with C3-C4 and C4-C5 small to moderate disc herniations, C5-C6 and C6-C7 small disc herniations, cervical sprain, left elbow lateral epicondylitis, mild left cubital tunnel syndrome per neurodiagnostic studies, and status post left shoulder arthroscopy with rotator cuff repair. He has a limited cervical spine range of motion and a limited shoulder range of motion. In this case, since the Thermacure unit has not been authorized, there is no need for a Thermacure Pad. Due to lack of support of the prior request, the requested Thermacure pad is not medically necessary either.

DME set up: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Neck Chapter, Heat/cold applications topic.

Decision rationale: The patient was injured on 12/11/12 and presents with ongoing neck pain with radiation to the left shoulder. The request is for DME Set-Up. There is no RFA provided and the patient is to "return to modified work with the following limitations or restrictions: no pushing, pulling, or lifting with the left arm, 10 minute break for every one hour work, no overhead work. ODG guidelines under Neck Chapter, Heat/cold applications topic, recommend heat/cold applications. " Insufficient testing exists to determine the effectiveness (if any) of heat/cold applications in treating mechanical neck disorders, though due to the relative ease and lack of adverse affects, local applications of cold packs may be applied during first few days of symptoms followed by applications of heat packs to suit patient. (Gross-Cochrane, 2002) (Aker, 1999) (Bigos, 1999) In this case, the treater does not clarify what the request is. The patient is diagnosed with C3-C4 and C4-C5 small to moderate disc herniations, C5-C6 and C6-C7 small disc herniations, cervical sprain, left elbow lateral epicondylitis, mild left cubital tunnel syndrome per neurodiagnostic studies, and status post left shoulder arthroscopy with rotator cuff repair. He has a limited cervical spine range of motion and a limited shoulder range of motion. In this case, since the Thermacure unit has not been authorized, there is no need for a DME set-up. Due to lack of support of prior requests, the requested DME set-up is not medically necessary either.