

Case Number:	CM15-0090398		
Date Assigned:	05/14/2015	Date of Injury:	03/10/2007
Decision Date:	06/19/2015	UR Denial Date:	04/11/2015
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: Connecticut, California, Virginia

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 injured worker is a 42-year-old male, who sustained an industrial injury on 3/10/2007. The mechanism of injury was not noted. The injured worker was diagnosed as having status post partial laminectomy at L4-5, with redo and lumbar fusion form L4-5, with chronic back pain, muscle spasms, and radicular symptoms, magnetic resonance imaging of the right knee revealing medial meniscus degeneration, magnetic resonance imaging of the left knee revealing degenerative joint disease and medial meniscus degeneration, left shoulder tendinopathy, type 2 diabetes, dental decay, erectile dysfunction, reflux disease, reactive depression, neuropathic pain in the lower extremities, and development of bilateral foot related plantar fasciitis due to altered body mechanics. Treatment to date has included diagnostics, lumbar spinal surgeries, chiropractic, H wave unit, and medications. A progress report, dated 11/26/2012, noted the use of Thermcare patches, which he found helpful (pain rated 8/10). Currently (3/19/2015), the injured worker complains of severe back pain and muscle spasms. Pain was rated 8/10, at best 4/10 with medications, and 10/10 without. He used a cane for ambulation and wore bilateral knee braces. He also reported pain in his left shoulder from cane use, and pain in his left wrist and hand. He requested a diet supplement drink to help with his diabetes and a left shoulder brace. He also requested left foot/ankle heat therapy support, to help with foot pain from prolonged ambulation. He was currently not working. Physical exam noted limited lumbar range of motion with palpable spasm in the lumbar trunk. Bilateral straight leg raise tests were positive for pain at 80 degrees, sensory loss in the right lateral calf and bottom of his foot, deep tendon reflexes 1+ at ankles and knees, and toes down going to plantar reflex bilaterally. Exam

of the knees noted full active range and excessive laxity in all planes. Exam of the left shoulder noted tenderness over the subacromion and crepitus on passive circumduction, with positive impingement sign. The treatment plan included medications with refills, including Thermacare patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thermacare Patches #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 162. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Foot & Ankle (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) heat therapy.

Decision rationale: The Official Disability Guidelines address the use of heat therapy and recommend it as an option. Recent data supports that the Thermacare is more effective than other tested products. While the guidelines state that that heat therapy has been found to be helpful for pain reduction and return to normal function, this patient has been utilizing this treatment modality with no current evidence of improvement in function to warrant continued use. At this time, given the lack of objective exam findings evidential of improved function to support continued use, it appears that the decision to non-certify the request per utilization review is reasonable. Therefore, the request to continue Thermacare treatment is not considered medically necessary.