

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 11/15/2013

[REDACTED]

[REDACTED]

Employee:

[REDACTED]

[REDACTED]

Date of UR Decision:

7/8/2013

Date of Injury:

10/25/2009

IMR Application Received:

7/29/2013

MAXIMUS Case Number:

CM13-0004530

- 1) MAXIMUS Federal Services, Inc. has determined the request for **purchase of solar care infrared heating pad** is not medically necessary and appropriate.

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/29/2013 disputing the Utilization Review Denial dated 7/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/8/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **purchase of solar care infrared heating pad** is not **medically necessary and appropriate**.

### Medical Qualifications of the Expert Reviewer:

The independent medical doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Preventive Medicine and Occupational Medicine, and is licensed to practice in California. 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 treatments and/or services at issue.

### Expert Reviewer Case Summary:

All 46 pages of medical, insurance, and administrative records provided were reviewed.

The applicant is a represented former [REDACTED] server who has filed a claim for chronic shoulder pain reportedly associated with an industrial slip and fall injury of October 25, 2009.

Claimant has also filed derivative claims for sleep deprivation and depression.

Thus far, claimant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; and extensive periods of time off of work.

The most recent progress report of June 13, 2013 suggests, somewhat incongruously, the applicant is on total temporary disability in the former role at [REDACTED] but is currently working elsewhere, at [REDACTED], as a food and beverage manager.

The said June 13, 2013 note is notable for comments that the applicant reports posterior shoulder pain as the primary pain generator, with ancillary complaints of neck and knee pain. The applicant exhibits near normal left shoulder range of motion with flexion and abduction to 175 degrees. Strength is scored at 4/5, however. The applicant is asked to remain off of work, on total temporary disability. Applicant is given exercise instruction.

Also reviewed is a prior utilization review report of July 8, 2013, in which it is stated that an infrared heat device is non-certified. ODG is cited.

## Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Employee/Employee Representative
- Medical Treatment Utilization Schedule (MTUS)

### 1) Regarding the request for purchase of solar care infrared heating pad :

#### Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the ODG Infrared Heat, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Shoulder Complaints (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 9), Initial Care, and the Chronic Pain Medical Treatment Guidelines, Section 9792.24.2, which are part of the MTUS, and the ACOEM Guidelines, 3<sup>rd</sup> Edition, Shoulder Section, Specific Disorders, Hot and Cold Therapies, which is not part of the MTUS.

#### Rationale for the Decision:

As noted in the MTUS-adopted ACOEM guidelines in chapter 9, physical modalities such as diathermy are not supported by high-quality medical studies but may be useful in the initial conservative treatment of acute shoulder symptoms, depending on the experience of local physical therapist available for referral. The records submitted for review indicate that the employee is several years removed from the date of injury. At this point, the emphasis should appropriately be on active modalities, home exercises, and self-directed care. As suggested in ACOEM chapter 9, at-home applications of heat and cold may be employed if the individual so desires. It is incidentally noted that the second edition ACOEM recommendation is echoed by the third edition ACOEM guidelines which indicate that self application of low-tech heat therapy is recommended for acute, subacute, and/or chronic shoulder pain and that there is no evidence that high-tech diathermy or infrared is superior to self application of low-tech heat and cold. The request is not clinically indicated. **The request for purchase of solar care infrared heating pad is not medically necessary and appropriate**

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.