

Case Number:	CM13-0029671		
Date Assigned:	03/03/2014	Date of Injury:	10/23/2012
Decision Date:	05/23/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/25/2013

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. The expert reviewer is Board Certified in 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 disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 42-year-old female with a 10/23/12 date of injury. At the time (8/19/13) of the request for authorization for hot unit with pad and cold unit with pad, there is documentation of subjective (pain and difficulty moving her right shoulder) and objective (tenderness to palpation, range of motion is restricted, and positive impingement) findings, current diagnoses (right shoulder strain, rule out rotator cuff tear, and incomplete bursal tear right supraspinatus), and treatment to date (medications and activity modification).

IMR ISSUES, DECISIONS AND RATIONALES

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

HOT UNIT WITH PAD: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 561-563. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation PubMed-indexed for Medline.

Decision rationale: MTUS reference to ACOEM identifies patients' at-home applications of heat or cold packs may be used before or after exercises and are as effective as those performed by a therapist. Medical Treatment Guideline identifies generally, solely an analgesic effect was

demonstrated by the use of continuous cooling; that crushed ice, cold packs and electric-powered cooling devices differ in handling, effect and efficiency; and that the exact recommendations on application time and temperature cannot be given. Therefore, based on guidelines and a review of the evidence, the request for hot unit with pad is not medically necessary

COLD UNIT WITH PAD: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 561-563.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 203. Decision based on Non-MTUS Citation PubMed-indexed for Medline

Decision rationale: MTUS reference to ACOEM identifies patients' at-home applications of heat or cold packs may be used before or after exercises and are as effective as those performed by a therapist. Medical Treatment Guideline identifies generally, solely an analgesic effect was demonstrated by the use of continuous cooling; that crushed ice, cold packs and electric-powered cooling devices differ in handling, effect and efficiency; and that the exact recommendations on application time and temperature cannot be given. Therefore, based on guidelines and a review of the evidence, the request for cold unit with pad is not medically necessary