

Case Number:	CM13-0038789		
Date Assigned:	12/18/2013	Date of Injury:	03/01/2012
Decision Date:	02/12/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/02/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 physician 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:

This is a 58 year-old female with a 3/1/12 industrial injury claim. She has been diagnosed with right shoulder sprain with tendinitis; lateral epicondylitis of the right elbow; and tendinitis of the right wrist and hand. She had a surgery on 7/24/13. The IMR application shows a dispute with the 9/19/13 UR decision. The 9/19/13 UR decision is from [REDACTED], and is a retrospective denial for a hot/cold water circulating pump with pad, right upper extremity rental from 8/1/13-8/31/13 and for retrospective denial of neuromuscular stimulator rental 8/1/13-8/31/13 and for retrospective denial of a shoulder sling.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective hot/cold water circulating pump with pad for right upper extremity - rental from 8/1/2013 through 8/31/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines Aetna Clinical Policy Bulletin: Cryoanesthesia and Therapeutic Cold, Number: 0297

Decision rationale: MTUS/ACOEM elbow chapter recommends hot and cold packs, but does not discuss continuous flow units. ODG does mention these devices for use after a knee or hip surgery, but not for upper extremities. [REDACTED] guidelines were consulted and note that hot and cold packs are indicated, but the continuous flow cryotherapy units are not necessary because: " [REDACTED] considers passive hot and cold therapy medically necessary. Mechanical circulating units with pumps have not been proven to be more effective than passive hot and cold therapy." The request is not in accordance with [REDACTED] guidelines.

Retrospective neuromuscular stimulator for right upper extremity - rental from 8/1/2013 through 8/31/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices).

Decision rationale: MTUS specifically recommends against Neuromuscular electrical stimulation (NMES). The request is not in accordance with MTUS guidelines. The request for Retrospective neuromuscular stimulator for right upper extremity - rental from 8/1/2013 through 8/31/2013 is not medically necessary and appropriate.

Retrospective purchase of right upper extremity ARC shoulder sling, airplane design for DOS 7/24/2013: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): Table 9-3, Initial Care, pg. 15.

Decision rationale: