

Case Number:	CM13-0053165		
Date Assigned:	04/18/2014	Date of Injury:	04/02/2008
Decision Date:	05/23/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/12/2013

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 Family Medicine and is licensed to practice in Texas. 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:

The injured worker is a 54-year-old female who reported a cumulative trauma injury from 01/01/2013 through 05/05/2009. The injured worker was seen most recently on 04/17/2014 whereupon it was noted she was approximately 3 months post-op from left carpal tunnel release and left shoulder surgery. It was noted the injured worker had been in therapy and finished 9 sessions with a current pain rating of 6/10. The injured worker had symptomatic complaints of burning in the left wrist, but did not note improvement in range of motion in the shoulder and wrist. She had difficulty with exercises because of sensitivity, with passive range of motion to 170 degrees of abduction and 146 degrees of flexion, and active range of motion was 90 degrees in flexion and abduction. On examination, the injured worker had mild tenderness and hypersensitivity about the carpal tunnel scar on the left with mild to moderate tenderness noted about the left shoulder. She also had some tenderness noted about the medial aspect of the left elbow with positive elbow flexion test. It was noted the injured worker was continuing with a home exercise program, but was also recommended for additional physical therapy twice a week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWO WEEK RENTAL OF A COLD THERAPY UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: Under California MTUS and ACOEM it recommends patients can utilize at-home applications of heat or cold pack which can be used before or after exercises and can be as effective as those performed by a therapist. Official Disability Guidelines has also been referred to in this case and states that although continuous-flow cryotherapy units are recommended as an option after surgery, postoperative use is generally up to maybe 7 days, to include home use. However, it is not recommended for non-surgical treatment. With the patient 4 months post-op at this time, and with no rationale for a cold therapy unit, the request is not considered medically necessary.