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| Case Number: | CM13-0059091 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 06/29/2011 |
| Decision Date: | 03/13/2014 | UR Denial Date: | 11/19/2013 |
| Priority: | Standard | Application Received: | 11/19/2013 |

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 Internal Medicine, and is licensed to practice in New York. 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:

The claimant is a 46 year old male who sustained an injury on 06/29/2011. The claimant was in a service cart that jarred forward and struck the right shoulder. His diagnosis is right shoulder pain s/p surgery x 2. On exam he continues with right shoulder pain associated with popping, weakness, muscle spasms and swelling. Examination demonstrates tenderness to palpation along the lateral pectoral and biceps tendons and the acroimioclavicular joint. Range of motion is decreased: flexion 170 degrees, extension 35 degrees, abduction 160 degrees, adduction 40 degrees, internal rotation 80 degrees and external rotation 80 degrees. He is treated with medical therapy including topical analgesics. The treating provider has recommended a hot/cold unit for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for hot/cold unit for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 561-563.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CMS Medicare/Blue Cross of California Medical Policy Durable Medical Equipment.

Decision rationale: The guidelines from CMS Medicare/Blue Cross of California Medical Durable Medical Equipment note that durable medical equipment is defined as an item which provides therapeutic benefits or enables the member to perform certain tasks that he or she is unable to undertake otherwise due to certain medical conditions or illnesses. There is no specific documentation provided indicating the medical necessity for the requested hot/cold unit. There has been no recent surgical procedure and the use of standard hot and cold packs should be adequate for treatment. Medical necessity for the requested item has not been established. The requested item is not medically necessary.