

Case Number:	CM14-0009541		
Date Assigned:	02/14/2014	Date of Injury:	04/27/2008
Decision Date:	06/25/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/23/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 43-year-old female who reported an injury on 04/27/2008, after picking up a box that reportedly caused injury to the left shoulder. The patient underwent an Magnetic Resonance Imaging (MRI) on 12/02/2013 that documented there was calcific tendonitis and bursitis, mild acromioclavicular degenerative change, and no evidence of a rotator cuff tear. The injured worker was evaluated on 12/05/2013. Physical findings included a positive Neer's test, Hawkins sign, and job's impingement test of the left shoulder with limited range of motion, and decreased motor strength. The injured worker's diagnoses included persistent symptomatic impingement syndrome and calcific bursitis of the left shoulder. The injured worker's treatment recommendations included surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

COLD THERAPY UNIT PLUS PAD TIMES FOURTEEN DAYS: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Continuous Flow Cryotherapy

Decision rationale: The requested cold therapy unit plus pad for 14 days is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address continuous-flow cryotherapy. Official Disability Guidelines recommend continuous-flow cryotherapy for up to 7 days in the postsurgical management of an injured worker's pain. The request exceeds this 7-day recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested cold therapy unit plus pad times fourteen days is not medically necessary or appropriate.

A CPM MACHINE PLUS SOFT GOODS FOR 30 DAY RENTAL: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter, Continuous passive motion (CPM)

Decision rationale: The requested Continuous passive motion machine (CPM) plus soft goods for 30-day rental is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address this type of request. Official Disability Guidelines do not recommend continuous passive motion machine in the postsurgical management of a rotator cuff issue. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested CPM machine plus soft goods for 30 day rental is not medically necessary or appropriate.