

Case Number:	CM14-0102833		
Date Assigned:	07/30/2014	Date of Injury:	07/09/2013
Decision Date:	08/29/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/03/2014

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 and Rehabilitation, has a subspecialty in Pain 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 52 year-old female who reported an injury to her left shoulder and neck. Clinical note dated 04/24/2014 indicated the injured worker showing signs of left shoulder impingement. Clinical note dated 04/24/2014 indicated the injured worker continuing with neck pain rated 7-8/10. The injured worker also reported ongoing left shoulder pain with range of motion deficits. The injured worker also rated the pain 7-8/10 at the left shoulder. The injured worker returned to work. However, the left shoulder pain became intolerable.

IMR ISSUES, DECISIONS AND RATIONALES

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

Micro cool machine: 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), Shoulder, Interferential Current Therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Continuous Flow Cryotherapy.

Decision rationale: The use of a micro cooling machine is indicated for injured workers following a surgical intervention at the shoulder. No high quality studies have been published in

peer reviewed literature supporting the use of cryotherapy/micro cool units for non-surgical treatment. No information was submitted regarding surgical intervention at the left shoulder. Therefore, this request is indicated as not medically necessary.