

Case Number:	CM14-0016771		
Date Assigned:	05/30/2014	Date of Injury:	05/10/2011
Decision Date:	08/08/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	02/10/2014

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, and is licensed to practice in Nevada. 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 records presented for review indicate that this 60-year-old individual was reportedly injured on May 10, 2011. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated May 12, 2014, indicates that there are ongoing complaints of pain in the left shoulder after surgery. The physical examination demonstrated well healed surgical scars and a decrease in shoulder range of motion. Diagnostic imaging studies were not presented for review. Previous treatment includes left shoulder surgery, postoperative rehabilitative physical therapy, multiple medications and psychiatric follow-up. A request had been made for pneumatic compression wraps and was not certified in the pre-authorization process on January 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable medical equipment (DME): Pneumatic Compression Wraps: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Medical Policy #0500.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203-4.

Decision rationale: According to the MTUS/ACOEM guidelines, shoulder complaints, cryotherapies is recommended local applications of cold packs first few days of acute complaints. There is insufficient evidence on the effectiveness of cryotherapies use for acute, sub-acute and chronic shoulder pain. As noted in the ACOEM guidelines, there is some indication for cold therapy after an acute event. When considering the date of injury and the treatment rendered, there is no clinical indication for pneumatic therapy for the shoulder at this time. Therefore, medical necessity is not been established in the progress of presented for review. As such, the request for Durable medical equipment (DME): Pneumatic Compression Wraps is not certified.