

Case Number:	CM14-0138887		
Date Assigned:	09/10/2014	Date of Injury:	03/28/2006
Decision Date:	10/06/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/27/2014

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 California. 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:

According to the records made available for review, this is a 47-year-old male with a 3/28/06 date of injury. At the time (12/11/13) of request for authorization for ARS Hot/Cold Unit Purchase with ARS Pad/Wrap Purchase, Set up & delivery, there is documentation of subjective (continued bilateral shoulder pain and low back pain) and objective (tenderness over the acromioclavicular joints with positive impingement signs of the shoulders; and lumbar spine tenderness with painful range of motion and decreased sensation over the right lower extremity) findings, current diagnoses (bilateral shoulder sprain/strain and lumbar spine radiculopathy), and treatment to date (not specified). In addition, 12/11/13 Request for Authorization (RFA) form identifies a request for purchase of ARS hot/cold compression with ARS pad/wrap for treatment of shoulder sprain/strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

ARS Hot/Cold Unit Purchase with ARS Pad/Wrap Purchase. Set up & delivery: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Cold compression therapy; Continuous-flow cryotherapy

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) does not address this issue. Official Disability Guidelines (ODG) identifies that cold compression therapy is not recommended in the shoulder, as there are no published studies. In addition, ODG identifies that continuous-flow cryotherapy is recommended as an option after surgery for up to 7 days, including home use but not for nonsurgical treatment. Within the medical information available for review, there is documentation of diagnoses of bilateral shoulder sprain/strain and lumbar spine radiculopathy. In addition, there is documentation of a request for purchase of ARS hot/cold compression with ARS pad/wrap for treatment of shoulder sprain/strain. However, there is no documentation of a pending shoulder surgery that has been certified/authorized, that a cryotherapy unit only is being requested, and that the request will not exceed 7 days. Therefore, based on guidelines and a review of the evidence, the request ARS Hot/Cold Unit Purchase with ARS Pad/Wrap Purchase, Set up & delivery is not medically necessary.