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| Case Number: | CM14-0179668 | | |
| Date Assigned: | 11/04/2014 | Date of Injury: | 01/12/2009 |
| Decision Date: | 12/09/2014 | UR Denial Date: | 10/14/2014 |
| Priority: | Standard | Application Received: | 10/29/2014 |

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 Orthopedic Surgeon, 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 41-year-old female who reported an injury due to being hit by a pan on 01/12/2009. On 10/01/2014, her diagnostic impression was shoulder instability. Her complaints included severe pain in the left shoulder, primarily in the front. Any sort of repetitive motion overhead was quite painful. Upon examination, there was tenderness near the anterior shoulder capsule, bicipital groove. She was able to flex to about 160 degrees and abduct to about 120 degrees with pain. With her arm at her side, external rotation was 30 degrees, and internal rotation was to L5. She had a positive Hawkins sign and apprehension, as well apprehension suppression sign. There was no rationale included in this injured worker's chart. A Request for Authorization, dated 10/01/2014, was included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: post- op DME: [REDACTED]: 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, Cold compression therapy, Cold packs.

Decision rationale: The request for Associated surgical service: post- op DME: [REDACTED] is not medically necessary. The Official Disability Guidelines do not recommend cold compression therapy in the shoulder, as there are no published studies. Cold packs, however, are recommended. The guidelines do not support this request. Additionally, the body part or parts to have been treated were not specified in the request. Furthermore, there were no timeframes or frequency of application included in the request. Therefore, this request for Associated surgical service: post- op DME: [REDACTED] is not medically necessary.