

Case Number:	CM14-0020199		
Date Assigned:	04/30/2014	Date of Injury:	09/19/2013
Decision Date:	07/08/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/18/2014

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 Surgery, and is licensed to practice in Mississippi. 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 male with a date of injury reported as September 19, 2013. The mechanism of injury is reported as lifting the tail door of a dump truck to lock it when the injured worker felt a pop in the right shoulder. The narrative indicated ongoing complaints of right shoulder pain however some improvement is noted. There is continued impingement and positive crepitus. A weakness to abduction is noted. A diagnosis of rotator cuff tear is noted. Medications include non-steroidal and analgesic preparations. An MRI dated October 16, 2013 identified a tendinosis of the supraspinatus without tearing and a tendinosis of the subscapularis and infraspinatus. A steroid injection was performed. The progress note dated September 20, 2013 noted ongoing complaints of shoulder pain. The evaluation indicated there was a possible tear of the rotator cuff. The progress note dated September 19, 2013 reported complaints of neck pain and shoulder pain and there were no findings of sensory loss relative to the shoulder injury. Imaging studies of the right shoulder were reported as normal. The follow-up visit did not identify any changes physical examination. A previous assessment noted a painful right shoulder range of motion. The right shoulder MRI was completed on October 16, 2013 and there was no focal tearing and a severe supraspinatus tendinosis is noted. There are no different labral tears and there were osteoarthritic changes of the acromioclavicular joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE COLD THERAPY UNIT WITH PAD: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563.

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

Decision rationale: According to the Official Disability Guidelines (ODG), such a device is not indicated for shoulder injuries. There are no published studies to support the use of such a device relative to the noted shoulder pathology. Therefore, when noting the date of injury, the injury sustained, the degenerative pathology without evidence of an acute rotator cuff tear with retraction, there is simply no clinical data presented to suggest a clinical need for such a device. Accordingly, the request is not medically necessary and appropriate.