

Case Number:	CM14-0026272		
Date Assigned:	06/13/2014	Date of Injury:	09/23/2011
Decision Date:	07/16/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/03/2014

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 Occupational Medicine 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:

Injured worker is a male with date of injury 9/23/2011. Per orthopedic surgeon's secondary treating physician's progress report dated 2/12/2014, the injured worker continues to have constant right knee pain rated at 6/10. He has difficulty with prolonged standing, walking, and kneeling. His right knee pops, locks, and gives way. He had left shoulder A/S on 2/6/2014. He has constant pain rated at 8/10. He carries his arm in a sling. He feels pins and needles. On exam, the left shoulder ranges of motion are decreased and painful. He is able to do Codman's. There is tenderness to palpation of the anterior shoulder, posterior shoulder lateral shoulder, and acromioclavicular joint. The right knee ranges of motion are within normal limits. There is tenderness to palpation of the anterior knee, posterior knee, medial knee and lateral knee. Valgus is positive. Varus is positive. McMurray's is positive. Diagnoses include 1) right knee residuals after prior arthroscopic surgery 2) right knee chondromalacia and effusion 3) left shoulder pain and dysfunction 4) left shoulder impingement 5) left shoulder bursitis 6) left shoulder AC joint arthrosis 7) left shoulder rotator cuff tendinosis 8) status post left shoulder A/S, SAD, debridement, DCR.

IMR ISSUES, DECISIONS AND RATIONALES

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

PNEUMATIC COLD COMPRESSION UNIT QUANTITY: 30 DAY RENTAL: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Cold Compression Therapy section.

Decision rationale: The request for pneumatic cold compression unit 30 day rental was partially certified for 7 day rental, but no explanation was provided for not approving this request. The MTUS Guidelines do not address the use of cold compression therapy for the shoulder. The ODG does not recommend the use of cold compression therapy for the shoulder as there are no published studies. The request for Pneumatic Cold Compression Unit quantity: 30 day rental is not be medically necessary.

ABDUCTION ARM SUPPORT PURCHASE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Postoperative Abduction Pillow Sling.

Decision rationale: The request for abduction arm support purchase was non-certified by UR decision, but no explanation was provided for not approving this request. The MTUS Guidelines do not address the use of abduction arm support. The ODG recommends the use of abduction arm support as an option following open repair and massive rotator cuff tears, but not for arthroscopic repairs. This injured worker had an arthroscopic repair. The request for Abduction Arm Support Purchase is not be medically necessary.