

Case Number:	CM14-0029408		
Date Assigned:	04/09/2014	Date of Injury:	08/28/2007
Decision Date:	05/09/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/21/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 43-year-old female who reported an injury on August 28, 2007. Current diagnoses include right rotator cuff tendinitis/impingement syndrome, straining injury involving the right shoulder girdle, right lateral epicondylitis, right carpal tunnel syndrome, and left carpal tunnel syndrome/tendinitis. The injured worker was evaluated on October 22, 2013. Physical examination revealed tenderness to palpation in the right trapezius muscle; periscapular and trapezius tenderness; tenderness to palpation over the anterior rotator cuff on the right; 4/5 rotator cuff, deltoid and biceps strength; positive impingement sign; tenderness over the lateral epicondyle on the right; tenderness to palpation over the flexor/extensor compartment and carpal canal; positive Phalen's sign bilaterally; and decreased sensation in the right upper extremity medial nerve distribution. Treatment recommendations at that time included authorization for a right shoulder operative arthroscopy including preoperative medical evaluation/clearance, DME, and postoperative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

COLD THERAPY UNIT AND SLING: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211.

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, Continuous Flow Cryotherapy, Postoperative Abduction Pillow Sling

Decision rationale: The California MTUS/ACOEM Practice Guidelines do not specifically address the requested durable medical equipment (DME). The Official Disability Guidelines state that continuous flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. A postoperative abduction pillow sling is recommended as an option following open repair of large and massive rotator cuff tears. The injured worker does not appear to meet criteria for the requested durable medical equipment. There is no indication that this injured worker is scheduled to undergo open repair of large and massive rotator cuff tears. The current request for a cold therapy unit does not include the total duration of treatment. Therefore, the request cannot be determined as medically appropriate. Additionally, there is no indication that the requested surgery has been authorized. Based on the clinical information received, the request is non-certified.