

Case Number:	CM14-0061189		
Date Assigned:	07/14/2014	Date of Injury:	01/27/2012
Decision Date:	09/12/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	04/30/2014

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 Nevada. 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 57 year-old female who was reportedly injured on 1/27/2012. The mechanism of injury is noted as a polling injury. The most recent progress note dated 3/10/2014. Indicates that there are ongoing complaints of right shoulder pain. The physical examination demonstrated right shoulder: no tenderness to palpation in the shoulder joint. Reflexes are normal. Sensory within normal limits. Muscle strength 4-5/5 decreased range of motion with pain. Positive entity can't attest, impingement sign, Hawkins and Neer test. Positive active compression test and positive crossed arm abduction test. Diagnostic imaging studies mentioned a magnetic resonance image arthrogram shoulder dated 3/26/2013 showing partial thickness articular surface tearing at the distal supraspinatus, subacromial arthrosis. Previous treatment includes right elbow distal biceps tendon repair. A request was made for ice and compression device for 7 day rental, and was not certified in the pre-authorization process on 4/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ice and compression device for 7 day rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Treatment Index 12th Edition (Web), 2014, Shoulder- Continuous flow cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG -TWC/ODG Integrated Treatment/Disability Duration Guidelines; Shoulder (Acute & Chronic) -.

Decision rationale: Cold Compression Therapy Unit is recommended as an option after surgery. After reviewing the medical records provided the surgical procedure requested is not been approved at this time, therefore the request for Ice and compression device for 7 day rental is not medically necessary and appropriate.