

Case Number:	CM14-0076365		
Date Assigned:	07/16/2014	Date of Injury:	06/22/2012
Decision Date:	09/26/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	05/23/2014

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 records presented for review indicate that this 49 year-old male was reportedly injured on 6/22/2012. The mechanism of injury is not listed. The claimant underwent right rotator cuff repair on 4/7/2014. The most recent progress notes dated 1/15/2014 and 4/2/2014 indicate that there are ongoing complaints of right shoulder pain. Physical examination of the right shoulder demonstrated atrophy; decreased range of motion: forward flexion and 150° abduction 165°; painful arc against resisted abduction; tenderness to the trapezius bilaterally and right supraspinatus tendon. No recent diagnostic imaging studies available for review. Previous treatment includes right shoulder surgery, physical therapy, home exercise program and medications. A request had been made for Retro VascuTherm Pneumatic Cold Compression Unit X 30 day rental, and a Shoulder Wrap Purchase, which were not certified in the utilization review on 4/7/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro VascuTherm Pneumatic Cold Compression Unit X 30 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, Shoulder.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG -TWC/ODG Integrated Treatment/Disability Duration Guidelines; Shoulder (Acute & Chronic) - Continuous Flow Cryotherapy - (updated 7/29/14).

Decision rationale: MTUS/ACOEM practice guidelines do not address this request. The ODG supports a cold compression unit as an option after shoulder surgery for up to 7 days, including home use. The current request for a 30 day rental exceeds the guideline's allowable amount and therefore is not medically necessary.

Shoulder Wrap purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Capter Shoulder, Cold compression therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG -TWC/ODG Integrated Treatment/Disability Duration Guidelines; Shoulder (Acute & Chronic) - Continuous Flow Cryotherapy - (updated 7/29/14).

Decision rationale: ODG do not support a 30 day rental for a VascuTherm Pneumatic Cold Compression Unit; therefore, the shoulder wrap is not medically necessary.