

Case Number:	CM14-0080447		
Date Assigned:	07/18/2014	Date of Injury:	01/23/2014
Decision Date:	12/31/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	06/02/2014

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 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:

This is a 34 year old male patient who sustained a work related injury on 01/23/2014 while cleaning an elevator reaching upward on the wall and his hand got shocked; he pulled back and simultaneously felt a pop in the left shoulder. He complained of pain rated a six out of ten on a pain scale. He was diagnosed with left shoulder strain, given an injection of Toradol, ice and sling as needed and sent back to work with restrictions. Documentation reported place of employment could not accommodate work restrictions and the worker was then placed on temporary total disability. Physical examination dated 01/23/2014 showed radiologic results with minimal degenerative arthritic changes. A primary treating evaluation dated 02/13/2014 described the patient with complaints of neck, shoulder, mid-back and lower back pain with relief offered after administration of medication, heat and rest. The patient underwent physical therapy sessions beginning 04/21/2014 through August 29, 2014; competing a total of 17 visits. A request for services dated 04/18/2014 obtaining heat and cold packs with wrap and was denied by Utilization Review on 04/25/2014. The underlying date of injury in this case is 1/23/2014. The date of the utilization review under appeal is 4/25/2014. The patient's diagnoses include a thoracic sprain and anterior dislocation at the left shoulder. On 3/13/2014, the patient was seen in orthopedic primary treating physician followup. The patient presented with ongoing left shoulder pain worse with any movement and temporarily improved with massage. The patient had tenderness in the anterior joint line over the biceps tendon with swelling and tenderness over the thoracic spine and left trapezius and posterior rotator cuff. The treatment plan included discontinuing ultram and switching to Norco. The treating physician also requested a Vita-Wrap to help the patient increase his functional capacity.

IMR ISSUES, DECISIONS AND RATIONALES

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

VitalWrap-Hot & Cold pack w/wrap Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Work Loss Data Institute LLC; Corpus Christi, Tx; Shoulder (Acute & Chronic) (updated 03/31/14).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48.

Decision rationale: ACOEM Guidelines, Chapter 3, Treatment, page 48 recommends passive modalities such as application of heat and cold in the initial acute phases of an injury. The guidelines do not recommend such treatment in a chronic phase, particularly if such thermal modalities require purchase of equipment such as requested at this time. The guidelines would recommend active therapy and low-tech forms of heat and cold rather than the current requested treatment in the chronic phase. The medical records do not provide an alternate rationale for this request. Therefore, the request is not medically necessary.