

<b>Case Number:</b>	CM14-0081632		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	03/07/2012
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	05/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 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:

This patient is a 39 y/o female who has developed chronic shoulder, cervcial, elbow and low back pain subsequent to culmulative injury dated, CT 3/7/11-3/7/12. She has been treated with physical therapy and surgery. She has had a right shoulder arthroscopy with decompression, but developed adhesive capsulitis which is reported to be persistent after manipulation under anesthesia and 2 cortisone shots. A repeat arthroscopy has been requested. She has also been diagnosed with mild carpal tunnel syndrome and possible CRPS syndrome involving her right upper extremity. Stellate ganglion blocks have been trialed X's 2 with limited success.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Universal therapy wrap purchase, right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Cold Compression Therapy. Other Medical Treatment Guideline or Medical Evidence: <http://www.calderaintl.com/faq.html>.

**Decision rationale:** The universal therapeutic wrap is a compression wrap that can be utilized to hold a cooling gel. MTUS Guidelines do not address this particular issue. However, ODG Guidelines do specifically address this equipment and specifically do not recommend its use for the shoulder. There are no unusual circumstances that would justify an exception to Guideline recommendations. The universal wrap is not medically necessary.