

Case Number:	CM14-0096802		
Date Assigned:	07/28/2014	Date of Injury:	01/17/2012
Decision Date:	10/29/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/25/2014

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 Pain Management and is licensed to practice in California and Washington. 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 47-year-old male who reported an injury of unspecified mechanism on 01/17/2012. On 06/03/2014, his diagnoses included left shoulder pain, lumbar spine sprain/strain with myospasms, left shoulder acromioclavicular joint osteoarthritis, left shoulder supraspinatus tendinosis, left shoulder infraspinatus tendinosis, left shoulder biceps anchor tear with tendinosis and tenosynovitis, multilevel disc protrusions of the lumbar spine, and lumbar spine disc desiccation. His complaints included mild to occasionally moderate constant left shoulder pain. He reported numbness and tingling. The pain was increased when raising the arm and decreased when the arm was not in motion. He also complained of moderate to occasionally severe worsening constant low back pain. He reported radiation of the pain from the mid back to the low back with associated numbness and tingling. The pain increased when he was bending and decreased when he was lying down. His treatment plan included a continuation of 12 acupuncture treatments. He was scheduled for extracorporeal shockwave therapy. A TENS unit was requested. A vascultherm for DVT system was prescribed. Tramadol 50 mg, cyclobenzaprine 10 mg, and naproxen 550 mg were prescribed as well as transdermal compounds. The rationale for the cold therapy was that it was a preferred, drug free, method to treat acute injury, subacute injury where swelling persists, and acute stages of inflammation. The rationale for heat therapy was that it was a preferred, drug free method to provide pain relief, reduction of muscle spasm, increase of local blood flow and facilitated tissue healing and prepared stiff joints in muscles for exercise. There was no request for authorization included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment for Left Shoulder: Hot & Cold Pack/Wrap: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, TWC - Knee & Leg 2014, Durable Medical Equipment, Game Ready accelerated recovery system Official Disability Guidelines, TWC - Shoulder 2014, Cold compression therapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Thermotherapy and Cold packs.

Decision rationale: The request for durable medical equipment for left shoulder, hot and cold pack/wrap, is not medically necessary. The Official Disability Guidelines note that thermal therapy is under study. There is a lack of evidence regarding efficacy. However, cold packs are recommended. The guidelines do not support the use of the requested DME. Therefore, this request for durable medical equipment for the left shoulder, hot and cold pack/wrap, is not medically necessary.