MAXIMUS Federal Services

Case Number:	CM14-0102184		
Date Assigned:	09/16/2014	Date of Injury:	09/13/2011
Decision Date:	01/20/2015	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/02/2014

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:

The injured worker is a 27-year-old male who reported an injury due to heavy lifting on 09/13/2011. On 09/16/2011, his diagnoses included sprain/strain of the shoulder and lateral epicondylitis of the elbow. An MRI of the right elbow on 12/21/2011 was unremarkable. An MRI of the right shoulder on 12/21/2011 revealed a 2 cm spur arising from the expected tip of the acromion and extending caudally or laterally. The spur was almost certainly impinging on the rotator cuff tendon. There were inflammatory changes of small fluid collections adjacent to the distal rotator cuff tendon and the tendon appeared to be thin. There was no full thickness tear or atrophy of the supraspinatus muscle. The acromioclavicular joint and glenoid labrum showed no abnormalities. His complaints included pain to the right shoulder and right elbow. There was no rationale or request for authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for water circulation head pad w/pump for DOS 1/9/2012: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Chapter 10. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

Decision rationale: The request for retrospective request for water circulation head pad w/pump for dos 1/9/2012 is not medically necessary. The California/ACOEM Guidelines note that physical modalities, such as massage, diathermy and cutaneous laser treatments, are not supported by high quality medical studies. However, they may be useful in the initial conservative treatment regimen of acute shoulder symptoms. The patients' at-home applications of heat or cold packs may be used before or after exercises and are as effective as those performed by a therapist. The request as written for a head pad with pump is not supported by the guidelines. Additionally, the body part to have been treated was not specified in the request. Therefore, this request for retrospective request for water circulation head pad w/pump for DOS 1/9/2012 is not medically necessary.