

Case Number:	CM14-0184274		
Date Assigned:	11/12/2014	Date of Injury:	03/18/2013
Decision Date:	02/06/2015	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/05/2014

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 Anesthesiology, has a subspecialty in Pain Management, 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 (IW) is a 51-year-old man with a date of injury of March 18, 2013. The mechanism of injury is not documented in the medical record. The injured worker's working diagnoses are degenerative joint disease, right shoulder; loose bodies, right shoulder; cervical spine myoligamentous strain/sprain; cervical disc protrusion, C6-C7; ulnar neuritis, bilateral upper extremities; subclinical carpal tunnel syndrome. Pursuant to the Primary Treating Physician's Progress Report (PR-2), the IW complains of persistent right shoulder pain and neck pain. The IW previously had conservative treatment including corticosteroid injection, anti-inflammatories, and physical therapy. He has been symptomatic since March 8, 2013. Examination of the bilateral shoulders reveals pain with palpation of the right subacromial bursa and right shoulder bursa. The IW is indicated for right shoulder arthroscopy, removal of loose bodies, chondroplasty/debridement and possible arthroscopic subacromial decompression. The treating physician is requesting a cold therapy device and UltraSling for the immediate postoperative period. However, the request for shoulder arthroscopy was denied in an October 7, 2014 utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME Cold Therapy Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder Section, DME/Cold Pack.

Decision rationale: Pursuant to the Official Disability Guidelines, DME cold therapy unit is not medically necessary. Cold pack are recommended. Insufficient testing exists to determine the effectiveness of heat/cold applications in treating mechanical neck disorders, though due to the relative ease and lack of adverse effects local applications of cold packs may be applied during the first few days of symptoms followed by applications of impacts to suit the patient. Durable medical equipment (DME) is defined as equipment which can withstand repeated use; is primarily and customarily used to serve a medical purpose; generally not useful to a person in the absence of illness or injury; and is appropriate for use in the patient's home. In this case, the injured worker's working diagnoses are degenerative joint disease, right shoulder; loose bodies, right shoulder; cervical spine myoligamentous sprain/strain; cervical disc protrusion C6 C7; ulnar neuritis bilateral upper extremity; and subclinical carpal tunnel syndrome. The request for the cold pack DME was made for the immediate postoperative shoulder arthroscopy. Cold packs are recommended during the first few days following shoulder arthroscopy. The cold pack DME meets the definition of durable medical equipment. However, the request for shoulder arthroscopy was denied in an October 7, 2014 utilization review. Consequently, in the absence of shoulder arthroscopy authorization, the cold pack DME is not recommended. Consequently, DME cold therapy unit is not medically necessary.