

Case Number:	CM14-0194722		
Date Assigned:	12/02/2014	Date of Injury:	03/27/2010
Decision Date:	01/16/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/20/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 69-year-old female who reported an injury on 03/27/2010. The mechanism of injury was not provided. She was diagnosed with carpal tunnel syndrome. Her past treatments were noted to include shoulder injections, physical therapy, and medications. On 09/22/2014, the injured worker reported constant pain in her left shoulder as well as her right knee and right elbow. She indicated her pain was 6/10 on a VA scale. On physical examination of her left shoulder, she was noted to have abduction to 100 degrees, flexion to 110 degrees, external rotation to 70 degrees, and internal rotation to 50 degrees with positive impingement test. Her current medications were not provided. The treatment plan included a request for authorization for a left shoulder arthroscopic surgery, ultrasound guided injections to the right knee and right elbow, a prescription for internal medicine evaluation for surgical clearance, and after the injured worker undergoes the recommended surgical procedure, a hot/cold contrast unit and Pro sling with an abduction pillow is required. A request was submitted for 1 hot cold unit, which the physician indicated was for a modality treatment that is preferred over simple ice and heat packs for the additional benefits of compression as well as increased patient compliancy and the regulation of temperature to prevent over icing or overheating, which can cause tissue damage and delays in functional restoration. A Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Hot cold unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Continuous-flow cryotherapy

Decision rationale: The request for 1 hot cold unit is not medically necessary. The California MTUS/ACOEM Guidelines recommend local application of cold during the first few days of acute pain; thereafter, then heat application. More specifically, the Official Disability Guidelines recommend continuous flow cryotherapy following surgery for up to 7 days, including home use. Official Disability Guidelines also recommend at-home local applications of heat/cold. The treating physician indicated that the hot cold contrast unit would be prescribed for postoperative treatment and there was no mention that the surgical procedure had occurred within the documentation provided. Additionally, it unclear whether the provider is requesting a rental or purchase of a hot/cold unit. Furthermore, there is no mention of a contraindication to at-home local applications of heat or cold as opposed to a mechanical device. Given the above information, the request for 1 hot cold unit is not medically necessary.