

Case Number:	CM15-0000339		
Date Assigned:	01/09/2015	Date of Injury:	09/10/2013
Decision Date:	03/10/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/02/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 54 year old male who suffered a work related injury on 09/10/13. Per the physician notes from 12/02/14, he underwent left shoulder mini-open rotator cuff repair on 11/07/14. He is still very stiff and sore. He also has noted stiffness and soreness in his neck and pain in the neck at the base to the neck into the bilateral upper back. He also complains of less referred aching down the left arm since the surgery. He has persistent lob back pain that extends into the right leg. The treatment plan consists of pain management consultant, physical therapy, inferential unit for home use and ice machine for postop shoulder for 2 weeks. The Claims Administrator non-certified the ice machine on 12/19/14 due to the injured worker being one month post-op from his shoulder surgery. MTUS and ACOEM were cited. The non-certified treatment was subsequently appealed for independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Access to Ice machine for 2 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 48.

Decision rationale: The MTUS Guidelines support the use of cold therapy only during the earliest phase of treatment and not for longer than two weeks. The goal is temporary pain relief in order to allow for progressive exercise and activity. The submitted and reviewed records indicated the worker was experiencing pain and stiffness in the neck and left shoulder and lower back pain. The worker had surgery for the left shoulder on 11/07/2014. The documentation indicated the worker had some benefit from use of this treatment for an unreported amount of time. There was no discussion describing special circumstances that supported the use of this treatment outside of the time period and for longer than recommended by the Guidelines. In the absence of such evidence, the current request for access to an ice machine for an additional two weeks is not medically necessary.