

Case Number:	CM15-0005776		
Date Assigned:	01/20/2015	Date of Injury:	09/17/2009
Decision Date:	03/13/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/12/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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:

This 54 year old male sustained an industrial injury on 9/17/09. He subsequently reports chronic right shoulder pain. The injured worker has undergone spinal decompression surgery and had shoulder surgery on 6/12/14. Prior treatments include EMG studies and physical therapy. Medications include Hydrocodone, Lorazepam, Cialis and Amlodipine. The UR decision dated 12/12/14 non-certified the DME ice unit. The DME ice unit was denied based on citations from ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: Ice Unit: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Continuous flow cryotherapy

Decision rationale: Pursuant to the Official Disability Guidelines, DME: ice unit is not medically necessary. Continuous flow cryotherapy is recommended as an option after surgery,

but not for nonsurgical treatment. Postoperative use generally may be up to seven days, putting home use and the postoperative setting, continuous flow cryotherapy units have been proven to decrease pain, inflammation, swelling and narcotic use; however, the effect and more frequently treated acute injuries (muscle strains and contusions) has not been fully evaluated. Cold/heat packs are recommended as an option for acute pain. At home applications of cold packs in the first few days of acute complaint; thereafter, applications of heat packs or cold packs. In this case, the injured worker's working diagnoses are right shoulder internal derangement; right shoulder pain; right shoulder A/S with intraarticular debridement of partially torn rotator cuff and biceps tenotomy; and right elbow medial lateral collateral Grade I sprain. Subjectively, the injured worker complains of bilateral shoulder pain and right elbow pain. Objectively, range of motion of the left shoulder is within normal limits. There is 3+ tenderness at the AC joint. The treatment plan stated: "continue home exercise program and home stretches with active range of motion, possible steroid injection to right elbow once glucose control, order ice machine for home use, start aquatic therapy and return to clinic in eight weeks." There is no clinical rationale in the medical record for an ice machine. There is no clinical indication for an ice machine. There is no documentation of upcoming or recent surgery. The documentation did not indicate if the ice machine was for rental or purchase. Consequently, absent clinical documentation to support DME-ice unit, DME: ice unit is not medically necessary.