

Case Number:	CM15-0007318		
Date Assigned:	01/26/2015	Date of Injury:	10/10/2013
Decision Date:	03/27/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/13/2015

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: New York
Certification(s)/Specialty: Neurological Surgery

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 female sustained an industrial injury on 10/10/13. She subsequently reports neck and bilateral shoulder pain and stiffness. Prior treatments include physical therapy and left shoulder surgeries dated 3/18/14 and 8/2/14. The UR decision dated 12/19/14 non-certified DME: Hot/Cold Therapy Unit - Purchase; Hot/Cold Therapy Pad/Wrap - Purchase. The DME: Hot/Cold Therapy Unit - Purchase; Hot/Cold Therapy Pad/Wrap - Purchase was denied based on CA MTUS ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative (Arthroscopy) purchase of a hot/cold therapy 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 (ODG), Shoulder Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder Chapter-continuous infusion cryotherapy, physical therapy

Decision rationale: According to the ODG guidelines post-operative cryotherapy may be recommended for up to seven days. The requested treatment-post operative (Arthroscopy) purchase of a hot/cold therapy unit would not follow the guidelines. Therefore, the requested treatment:post-operative (arthroscopy) purchase of a hot/col therapy unit is not medically necessary and appropriate.

Post-operative purchase of a hot/cold therapy pad/wrap: 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), Shoulder Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder Chapter-continuous infusion cryotherapy, physical therapy

Decision rationale: According to the ODG guidelines post-operative cryotherapy may be recommended for up to seven days. The requested treatment-post operative(Arthroscopy) purchase of a hot/cold therapy unit would not follow the guidelines. Therefore, the requested treatment:post-operative (arthroscopy) purchase of a hot/col therapy unit and post-operative purchase of a hot/cold therapy pad/wrap would not be medically necessary and appropriate.is not medically necessary and appropriate.

Post-operative purchase of a pro sling with abduction pillow: 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), Shoulder Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder Chapter Post-operative abduction pillow sling

Decision rationale: According to the ODG guidelines a postoperative abduction pillow sling would be recommended if the the patient had an open repair of a large and massive rotator cuff tear. Documentation does not describe this procedure. Thus the requested treatment: Post operative purchase of a pro sling with abduction pillow is not medically necessary and appropriate.

Set-up and delivery: 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 Since the requested treatment: Post-operative purchase

of a pro sling with abduction pillow is not medically necessary and appropriate, then the Set-up and delivery is not medically necessary and appropriate.

Decision rationale: Since the requested treatment: Post-operative purchase of a pro sling with abduction pillow is not medically necessary and appropriate, then the Set-up and delivery is not medically necessary and appropriate.