

Case Number:	CM15-0100599		
Date Assigned:	06/03/2015	Date of Injury:	04/16/2012
Decision Date:	07/09/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/26/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 36 year old female with an industrial injury dated 04/16/2012; cumulative trauma 2009-2012. Her diagnoses are tendonitis, shoulder region disorders, pain in limb, shoulder sprain/strain. Prior treatment included surgery, pain pump, and physical therapy. In progress note dated 02/18/2015 the injured worker presented with complaints of residual right-sided shoulder pain, right-sided wrist and hand pain with numbness, tingling and weakness. She had difficulty with her daily activities along with difficulty lifting, pushing, pulling, gripping and grasping. She also complained of neck pain radiating down the right upper extremity with numbness, tingling, and weakness. Physical exam noted spasm, tenderness and guarding in the paravertebral muscles of the cervical spine with decreased range of motion. She presented on 04/15/2015 with complaints of right sided shoulder pain and right sided wrist pain. She was scheduled for revision right shoulder arthroscopy with carpal tunnel release surgery on 04/24/2015. The request is for pain pump purchase and Q-tech cold/compression unit - rental for 21 days, cold pad purchase and cold/compression wrap purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Q-Tech cold/compression unit- rental for 21 days, cold pad purchase, cold/compression wrap purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG hand pain and pg 17.

Decision rationale: According to the guidelines, cold therapy is recommended in the acute phases of injury. Length of use is short-term. In this case, the claimant had carpal tunnel surgery for which a cold compression unit was ordered. There were no exam findings to support the need for post-operative cold compression for 3 weeks vs. cold packs. The request for 3 weeks of a cold compression unit is not medically necessary.

Pain pump purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Implantable Drug Delivery Page(s): 52.

Decision rationale: Generally, use of implantable pumps is FDA approved and indicated for chronic intractable pain. Treatment conditions may include FBSS, CRPS, Arachnoiditis, Diffuse Cancer Pain, Osteoporosis, and Axial Somatic Pain. In this case, the claimant had been shoulder pain and carpal tunnel syndrome with recent surgery. There was no indication that the claimant had the above diagnoses or indefinite need for a pain pump. Therefore the request for the purchase of a pain pump is not medically necessary.