

Case Number:	CM15-0100600		
Date Assigned:	06/03/2015	Date of Injury:	06/15/2014
Decision Date:	07/09/2015	UR Denial Date:	04/23/2015
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: North Carolina
 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 55 year old female, who sustained an industrial injury on 06/15/2014. The injured worker complained of right shoulder pain as a result of four commercial mop heads. She was diagnosed with a right shoulder sprain. On provider visit dated 02/24/2015 on examination of the right shoulder revealed pain that radiates down to the right forearm, numbness and tingling in her right upper extremity was noted. Pain increased with overhead reaching, lifting, carrying, pushing, pulling, and respective use of her upper extremity. Pain level was noted as 8/10 without pain and decreases to 1/10 with medication. Right shoulder was noted to have tenderness to pressure positive Neer's and Hawkin's test. Positive test for rotator cuff tear. And a decreased range of motion was noted. The diagnoses have included right shoulder rotator cuff strain, fluid filled intrasubstance tear of the right supraspinatus tendon and calcification above the greater tuberosity right shoulder. Treatment to date has included physical therapy and medication. MRI of the right shoulder on 10/22/2014 revealed fluid filled intrasubstance tear of the supraspinatus tendon with extension to both articular surfaces seen without any other evidence of the overall retraction of the tendons. The injured worker was noted not to be working. The provider requested post-op cold therapy ice machine (Q-Tech) for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op cold therapy ice machine (Q-Tech) for the right shoulder: 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 ODG, cryotherapy.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ACOEM does recommend the at home local application of cold packs the first few days after injury and thereafter the application of heat packs. The Official Disability Guidelines section on cryotherapy states: Recommended as an option after surgery but not for non-surgical treatment. The request is for post-surgical use however the time limit for request is not defined. Per the ODG, cold therapy is only recommended for 7 days post operatively. Without the request specifying the amount of time the unit will be used post operatively, the request is not medically necessary.