

Case Number:	CM15-0017108		
Date Assigned:	02/25/2015	Date of Injury:	12/06/2001
Decision Date:	04/08/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/27/2015

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
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 (IW) is a 59 year old female who sustained an industrial injury on 12/06/2001. She has reported pain in both shoulders and right wrist and feelings of depression. Diagnoses include overuse syndrome of the bilateral upper extremities, recurrent impingement of bilateral shoulders, right carpal tunnel syndrome, depression, and rule out systemic inflammatory disease versus fibromyalgia syndrome. She has had conservative treatment. A progress note from the treating provider dated 12/11/2014 indicates the right shoulder has positive impingement sign and reproducible pain when testing the supraspinatus tendon against resistance. The left shoulder has a mildly positive impingement sign. On 12/24/2014 Utilization Review non-certified a request for Wrap, durasoft hot/cold universal therapy The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wrap, durasoft hot/cold universal therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <https://www.djoglobal.com/products/donjoy/durasoft->

shoulder-wrap Official disability guidelines shoulder chapter on Thermotherapy shoulder chapter for Cold Packs.

Decision rationale: This patient presents with bilateral shoulder pain and epigastric pain. The treater is requesting wrap, Durasoft hot/cold universal therapy. The RFA was not made available for review. The patient's date of injury is from 12/06/2001, and she is currently temporarily totally disabled. The website, <https://www.djoglobal.com/products/donjoy/durasoft-shoulder-wrap> shows that a Durasoft Hot/Cold Universal Therapy Wrap is a universal freezable gel pack that provides cold therapy to the shoulder. The DuraSoft products are malleable to form fit the shoulder joint and can effectively penetrate surgical dressings to decrease pain, edema and secondary hypoxic tissue injury. The ODG Guidelines under the shoulder chapter on Thermotherapy states, "Under study. For several physical therapy interventions and indications e.g. thermotherapy using heat, therapeutic exercise, massage, electrical stimulation, mechanical traction, there was a lack of evidence regarding efficacy." ODG Guidelines also states under the shoulder chapter for Cold Packs, "Recommended. See other body-part chapters for references." The patient is not post-surgical. The records do not show any previous Durasoft hot/cold universal therapy wrap request. The report making the request was not made available. It appears that the request is for the patient's bilateral shoulders. In this case, the ODG Guidelines consider thermotherapy under study and the request IS NOT medically necessary.