

Case Number:	CM15-0134419		
Date Assigned:	07/29/2015	Date of Injury:	03/21/2010
Decision Date:	08/27/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/13/2015

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: Montana, Oregon, Idaho

Certification(s)/Specialty: Orthopedic 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:

The injured worker is a 42 year old female, who sustained an industrial injury on 03-21-2010 secondary to slip and fall injuring right shoulder. On provider visit dated 06-01-2015 the injured worker has reported pain throughout the day, night and when lifting. On examination of the right shoulder revealed mild evidence of scapulothoracic dyskinesia. Hawkins and Neer test were positive. The cross adduction test was positive and motor strength testing of the supraspinatus, external rotators revealed four out of five strength with associated pain. Mild acromioclavicular joint pain to palpation was noted. The diagnoses have included right shoulder high-grade partial thickness rotator cuff tear, subacromial spur formation and acromioclavicular joint arthritis and right shoulder adhesive capsulitis. Treatment to date has included physical therapy, cortisone injections, medication and surgical treatment in 2013. The recommendation for right shoulder scope possible rotator, labral, SAD, Mumford was previously approved. The provider requested Associated Surgical Service: Hot/Cold Contrast Unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Hot/Cold Contrast 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 Official Disability Guidelines (ODG) knee and leg.

Decision rationale: CA MTUS/ACOEM is silent on the issue of hot/cold therapy. According to ODG, Knee and Leg section, cold/heat packs, hot packs had no beneficial effect on edema compared with placebo or cold application. CA MTUS/ACOEM is silent on the issue of cold compression therapy. According to the ODG, Cold compression therapy, it is not recommended in the shoulder as there are no published studies. It may be an option for other body parts such as the knee although randomized controlled trials have yet to demonstrate efficacy. As the guidelines do not recommend the requested DME, the request for hot/cold contrast unit is not medically necessary.