

Case Number:	CM15-0143776		
Date Assigned:	08/04/2015	Date of Injury:	04/18/2013
Decision Date:	08/31/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/24/2015

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, Oregon, Washington
 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:

2013. The injured worker previously received the following treatments physical therapy for the right shoulder, home exercise program, Mobic, Tylenol, Norco, Ibuprofen and acupuncture. The injured worker was diagnosed with left shoulder impingement syndrome, left shoulder periscapular strain, bursitis and tendinitis with a tear of the labrum, mild supraspinatus and infraspinatus and infraspinatus tendinosis, mild to moderate acromioclavicular degenerative joint disease. According to progress note of June 22, 2015, the injured worker's chief complaint was left shoulder pain. The injured worker complained of continued pain with stiffness, decreased range of motion and weakness with increased difficulties with activities of daily living with reaching, pushing, pulling, lifting, carrying and lying on the left shoulder, which caused the injured worker to wake during sleep. The physical exam noted the left shoulder tenderness over the subacromial region, acromioclavicular joint, supraspinatus tendon and anterior capsules, as well as, over the periscapular musculature and trapezius muscles with trigger points. There was crepitus. Impingement test was positive, the cross arm test was positive. There was decreased range of motion in the left shoulder with flexion of 159 degrees, extension of 37 degrees, abduction of 157 degrees adduction of 36 degrees, internal rotation of 42 degrees and external rotation of 76 degrees. There was a Grade 4 out of 5 muscle weakness in all planes. The treatment plan included continuous cold therapy unit purchase for postoperative care of left shoulder surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical services: Continuous cold therapy unit purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers Compensation, 10th Edition, Treatment Index, Shoulders, Continuous-flow Cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cold compression therapy.

Decision rationale: 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 is not medically necessary and the determination is for non-certification.