

Case Number:	CM15-0144809		
Date Assigned:	08/05/2015	Date of Injury:	09/17/2012
Decision Date:	09/02/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/27/2015

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: 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 63 year old male, who sustained an industrial injury on 9-17-12. The injured worker has complaints of neck pain, low back pain and left shoulder pain. The documentation on 6-2-15 noted that there is tenderness to palpation and muscle spasms over the cervical paravertebral muscles and tenderness to palpation and muscle spasms over the lumbar paravertebral muscles. Straight leg raise test is positive, bilaterally and there is tenderness to palpation and muscle spasms over the acromioclavicular joint. The diagnoses have included rule out cervical disc protrusion; rule out cervical radiculitis versus radiculopathy; rule out lumbar disc protrusion; rule out lumbar radiculitis versus radiculopathy and rule out left shoulder internal derangement. Treatment to date has included computerized tomography (CT) scan of the left shoulder on 6-29-15 showed severe osteoarthritis in the glenohumeral joint, moderate acromioclavicular joint arthropathy; right shoulder surgery in 2014; physical therapy; shockwave therapy; acupuncture and magnetic resonance imaging (MRI) of the left shoulder on 12-16-14 showed severe glenohumeral osteoarthritis with marked inferior osteophyte formation from both bones. The request was for 14 day rental of vascutherm cold therapy unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

14 Day rental of Vascutherm cold therapy unit: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (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 nonsurgical treatment. The request is not for post-surgical use and the time limit for request is in excess of recommendations. Per the ODG, cold therapy is only recommended for 7 days post operatively. The request is in excess of this amount and therefore is not certified and therefore is not medically necessary.