

Case Number:	CM15-0147912		
Date Assigned:	08/11/2015	Date of Injury:	06/18/2012
Decision Date:	09/08/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	07/30/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 43-year-old female who sustained an industrial injury on 6-18-12. She had complaints of bilateral elbows, wrists, hands and upper extremity pain. Treatments include: medication, physical therapy, aqua therapy and injections. Progress report dated 7-15-15 reports the pain level has decreased since the last visit. The pain is rated 4 out of 10 with medications and 8 out of 10 without medications. She reports being unable to work due to the right shoulder pain. Diagnoses include: pain in limb, lateral epicondylitis, rheumatoid arthritis, elbow pain, ulnar neuropathy, medial epicondylitis and shoulder pain. Plan of care: awaiting already requested right shoulder MRI, request new right shoulder sling, request shoulder ice therapy machine and refer to pain psychology. Work slip provided today. Follow up in 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder stability sling: 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, Shoulder Chapter (Acute & Chronic) updated 05/04/15.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder chapter, immobilization.

Decision rationale: According to the Official Disability Guidelines, use of shoulder immobilization is not recommended as a primary treatment. Immobilization and rest appear to be overused as treatment. Early mobilization benefits include earlier return to work; decreased pain, swelling, and stiffness; and a greater preserved range of joint motion, with no increased complications. Use of immobilization in the long term may increase risk of complications, and in this case, there is no clear indication for continued use of a sling unless there is postoperative management that requires brief immobilization to facilitate healing. Therefore, given the provided records and the guidelines, the request is not considered medically necessary at this time.

Shoulder ice therapy machine: 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, Shoulder Chapter (Acute & Chronic) updated 05/04/15.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder, continuous flow cryotherapy.

Decision rationale: Utilization review denied the request for cryotherapy as the patient has no history of surgery, which is reasonable based on the ODG guidelines. Rental of cryotherapy units up to 7 days post operatively could be reasonable in this patient, as surgery appears to be a consideration. This is supported by the ODG guidelines, which state that continuous flow cold therapy is recommended as an option after surgery, but not for nonsurgical treatment. Therefore, while continuous flow cryotherapy may be an option should operative intervention occur, based on the guidelines and provided documents, the request cannot be considered medically necessary at this time.

Referral for evaluation for cognitive behavioral therapy and pain coping skills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines psychologist consultations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines psychological evaluation Page(s): 100.

Decision rationale: The MTUS lists psychological evaluations overall as recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. Prior notes indicate previous head injury/concussion and issues of anxiety treated with Ativan. Given the recommendation for such evaluation in the MTUS, the request is considered medically appropriate.