

Case Number:	CM15-0160049		
Date Assigned:	09/02/2015	Date of Injury:	09/26/2012
Decision Date:	10/05/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/17/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 53-year-old female, who sustained an industrial injury on September 26, 2012. The injured worker was diagnosed as having right shoulder impingement and possible partial thickness rotator cuff tear. Treatment to date has included physical therapy, acupuncture, home exercise program (HEP), surgical consultation, pain management, X-rays, magnetic resonance imaging (MRI) and injections. A progress note dated July 14, 2015 provides the injured worker complains of neck, shoulder and back pain. Physical exam notes cervical and lumbar tenderness to palpation with decreased range of motion (ROM) and positive Hawkin's and Neer's sign. The provider recommended shoulder tenotomy. There is a request for cold therapy for the right shoulder with supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold Therapy for the Right Shoulder - Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2015, Shoulder, Continuous-flow cryotherapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder-Continuous-flow cryotherapy.

Decision rationale: Cold therapy for the right shoulder - purchase is not medically necessary per the MTUS Guidelines and the ODG. The MTUS states that patients "at-home applications of heat or cold packs may be used before or after exercises and are as effective as those performed by a therapist." The ODG states that cold therapy for the right shoulder is recommended as an option after surgery, but not for nonsurgical treatment. The postoperative use generally may be up to 7 days, including home use. The request for a cold therapy unit exceeds the 7-day postoperative recommended period therefore this request is not medically necessary.