

Case Number:	CM15-0160447		
Date Assigned:	08/26/2015	Date of Injury:	05/11/2012
Decision Date:	09/29/2015	UR Denial Date:	07/28/2015
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: California

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 52-year-old female, who sustained an industrial injury on 5-11-12. She reported left shoulder pain. The injured worker was diagnosed as having bilateral epicondylitis with possible ulnar and median neuropathy, left forearm and wrist pain, and left shoulder surgery with ongoing pain. Treatment to date has included acromioplasty and superior labral anterior posterior lesion repair, corticosteroid injections, physical therapy, a home exercise program, and medication. Currently, the injured worker complains of left shoulder pain. The treating physician requested authorization for a cold therapy compression device 30-day rental and wrap for unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy compression device 30 day rental and wrap for unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder.

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/ cold compression therapy.

Decision rationale: According to the Official Disability Guidelines, cold compression therapy is not recommended in the shoulder, as there are no published studies. It may be an option for other body parts. In this case, the medical records note that the cold compression therapy is being requested for the shoulder. Per ODG, cold compression units are not recommended for the shoulder. The request for Cold therapy compression device 30-day rental and wrap for unit is therefore not medically necessary and appropriate.