

Case Number:	CM15-0183285		
Date Assigned:	09/24/2015	Date of Injury:	01/17/2014
Decision Date:	11/06/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/17/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 45 year old male, who sustained an industrial injury on 1-17-2014. The medical records indicate that the injured worker is undergoing treatment for rotator cuff rupture; status post right shoulder arthroscopy with arthroscopic rotator cuff repair (7-11-2014). According to the progress report dated 3-16-2015, the injured worker presented for follow-up of his right shoulder. He reports persistent weakness in the right shoulder, particularly with attempts at overhead activities. He is able to perform all activities of daily living. The physical examination of the right shoulder did not reveal any significant findings. The current medications are not specified. Previous diagnostic studies include X-rays and MR arthrogram of the right shoulder. Treatments to date include medication management, physical therapy, home exercises, and surgical intervention. Work status is described as modified duty. The original utilization review (9-1-2015) had non-certified a request for 30 day rental extension for a cold and compression unit for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold and Compression Unit, Right Shoulder, 30 rental extension: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder - Cold compression therapy.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care.

Decision rationale: Cold and Compression Unit, Right Shoulder, 30 rental extension is not medically necessary. The American College of Environmental Medicine states that applications of heat and cold are recommended as method of symptom control for joint complaints. Additionally, at home applications of cold during first few days of acute complaint is recommended; thereafter, application of heat or cold as patient prefers, unless swelling persists - then use cold. The ACOEM, supports simple low-tech applications of heat and cold as opposed to the cold and compression unit device being proposed. Finally, the claimant's condition is chronic. The ACOEM supports this therapy for acute conditions; therefore, the requested therapy is not medically necessary.