

Case Number:	CM15-0183544		
Date Assigned:	09/24/2015	Date of Injury:	12/08/2002
Decision Date:	11/06/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/18/2015

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: Texas, New York, California
 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of December 8, 2002. In a utilization review report dated September 15, 2015, the claims administrator failed to approve a request for a Thermo Unit rental for 15 days. The claims administrator referenced an August 17, 2015 office visit and a September 8, 2015 RFA form in its determination. The claims administrator stated that the applicant had undergone earlier shoulder arthroscopy on December 19, 2014. The applicant's attorney subsequently appealed. On August 17, 2015, the applicant reported ongoing complaints of shoulder pain. The applicant was described as having a partial-thickness rotator cuff tear. A revision rotator cuff repair procedure and Norco were endorsed. The applicant was placed off of work, on total temporary disability. In an RFA form dated September 8, 2015, physical therapy, Percocet, and a Thermo Unit in question were seemingly sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thermal unit rental for 14 days: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Disorders, Continuous-flow cryotherapy.

Decision rationale: No, the request for a thermal Unit rental for 14 days was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 9, Table 9-3, page 204 does recommend at-home local applications of heat and cold as methods of symptom control for applicants with shoulder pain complaints, as were/are present here, by implication/analogy, the MTUS Guideline in ACOEM Chapter 9, Table 9-3, page 204 does not recommend high-tech devices for delivering heat therapy, as was seemingly proposed here. While ODG's Shoulder Chapter, Continuous-Flow Cryotherapy Topic does support usage of continuous-flow cryotherapy devices for postoperative use purposes, ODG qualifies its position by noting that such usage should be limited to seven days. Here, thus, the request for a 14-day rental of a thermal unit was at odds with both the MTUS Guideline in ACOEM Chapter 9, Table 9-3, page 204 and with ODG's Shoulder Chapter, Continuous-Flow Cryotherapy Topic. Therefore, the request was not medically necessary.