

Case Number:	CM15-0183761		
Date Assigned:	09/29/2015	Date of Injury:	01/05/2015
Decision Date:	11/10/2015	UR Denial Date:	08/17/2015
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: California, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 50 year old female, who sustained an industrial injury on 1-5-2015. The injured worker is undergoing treatment for right shoulder superior labrum anterior and posterior (SLAP) tear, impingement syndrome and arthritis. Medical records dated 8-17-2015 indicate the injured worker complains of right shoulder pain. Physical exam dated 8-17-2015 notes intact right shoulder sensation, tenderness to palpation, positive Neer's, Hawkin's, Apprehension and relocation tests. There is decreased range of motion (ROM). Exam is essentially unchanged from 7-27-2015 visit. Treatment to date has included 12 physical therapy sessions and cortisone injection. Magnetic resonance imaging (MRI) date 6-19-2015 indicates degenerative arthritis, joint effusion and infraclavicular spur. The original utilization review dated 8-17-2015 indicates the request for Right shoulder scope possible rotator cuff repair, possible labral repair, subacromial decompression and Mumford procedure, associated surgical service: arm sling, post-op physical therapy 2X6, pre-op labs and pre-op electrocardiogram (EKG) is certified and associated surgical service: hot/cold contrast unit x 7 days rental is modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Hot/cold contrast unit x 7 days rental: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder / Cold compression therapy.

Decision rationale: CA MTUS/ACOEM is silent on the issue of cold compression therapy. According to the ODG, Cold compression therapy, it is not recommended in the shoulder, as there are no published studies. It may be an option for other body parts such as the knee although randomized controlled trials have yet to demonstrate efficacy. As the guidelines do not recommend the requested DME, the request is not medically necessary.