

Case Number:	CM15-0184959		
Date Assigned:	09/25/2015	Date of Injury:	02/19/2015
Decision Date:	11/10/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/21/2015

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: Arizona, 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 male who sustained an industrial injury on 2-19-15. Diagnoses are noted as right shoulder internal derangement and weakness, right shoulder full thickness tear, right shoulder impingement syndrome, and right shoulder acromioclavicular joint osteoarthritis. Previous treatment includes physical therapy, home exercise, and MRI left shoulder 6-30-15. In a physician's supplemental report-request for authorization-surgery dated 8-18-15, the primary treating physician notes complaints of right shoulder pain rated at 6 out of 10 along with weakness. He reports he cannot do overhead activities and that pain is associated with swelling and inflammation of the right shoulder. Pain radiates to the right arm, elbow, hand, and fingers. Exam of the right shoulder reveals decreased range of motion due to pain and positive Neer's, Hawkins-Kennedy, and Empty Can tests. Grip strength on the right is 20.1-17.7-17 and on the left is 33.3-38.1-27.7. Work status is noted as return to modified duties with restrictions and that he is currently off work and last worked 6-27-15. A request for authorization is dated 8-18-15. A treatment plan indicates he was authorized for right shoulder surgery. On 8-31-15, the requested treatment of a cold therapy unit purchase was modified to cold therapy unit for use 7 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold Therapy unit purchase: 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.

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 and pg 10.

Decision rationale: According to the guidelines cold compression is not recommended for the shoulder. In some other areas 7 days post-operative treatment may be provided. In this case, the claimant is undergoing right shoulder surgery. There is no indication for indefinite cold compression use. As a result, the request for the purchase of the unit is not medically necessary.