

Case Number:	CM15-0187185		
Date Assigned:	09/29/2015	Date of Injury:	02/21/2014
Decision Date:	11/24/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/23/2015

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: North Carolina

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 56 year old female who sustained an industrial injury 02-21-14. A review of the medical records reveals the injured worker is undergoing treatment for calcific tendinitis right shoulder with scapular dysfunction and partial bursal-sided rotator cuff tear, biceps tenosynovitis right shoulder, and possible painful right proximal humeral diaphyseal lesion. Medical records (08-13-15) reveal the injured worker is undergoing a preoperative visit prior to her scheduled right shoulder surgery. The physical exam (08-13-15) reveals diminished range of motion, forward elevation 140 degrees, ABER 80 degrees, and ABIR 45 degrees. Prior treatment includes medication, brace, physical therapy, shoulder injection, and activity modification. Right shoulder surgery with subacromial decompression and biceps tenodesis was performed on 08-17-15. The original utilization review (09-16-15) non certified the request for a 21 day rental of a cold compression treatment to the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

21 days rental of cold compression therapy for the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ACOEM does recommend the at home local application of cold packs the first few days after injury and thereafter the application of heat packs. The Official Disability Guidelines section on cryotherapy states: Recommended as an option after surgery but not for nonsurgical treatment. The request is for post-surgical use however, the time limit for request is in excess of recommendations. Per the ODG, cold therapy is only recommended for 7 days post operatively. Also the surgery has been denied. The request is in excess of this amount and therefore is not medically necessary.