

Case Number:	CM15-0199396		
Date Assigned:	10/14/2015	Date of Injury:	10/30/2014
Decision Date:	12/02/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/09/2015

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, 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 27-year-old male with a date of injury on 10-30-2014. The injured worker is undergoing treatment for cervical sprain-strain, right shoulder sprain-strain, and status post right shoulder surgery on 08-09-2015. A physical therapy note dated 08-14-2015 documented the injured worker is independent with an exercise program. A physician progress note dated 08-19-2015 documents the injured worker has complaints of intermittent severe 8 out of 10 dull, achy, sharp, stabbing neck pain that radiates to his right upper extremity. He has constant moderate pain rated 5 out of 10 in his right shoulder. He gets relief from medications, therapy and massage. Cervical spine range of motion is full. Right shoulder range of motion is restricted and there is tenderness to palpation of the anterior shoulder. He is not working. Treatment to date has included diagnostic studies, medications, right shoulder surgery on 08-09-2015, massage, and physical therapy. Current medications include Doxycycline, Hydroxyzine, Tramadol and Transdermal creams. The Request for Authorization dated 08-19-2015 included, a FCE, a hot-cold unit, physical therapy, topical compounded medications, an IF unit, acupuncture 2 x 4 weeks, cervical spine x ray, Tramadol, and a urine test. Utilization review dated 09-09-2015 non-certified the request for Hot/cold unit for purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot/cold unit for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: CA MTUS/ACOEM Guidelines are silent on the issue of continuous flow cryotherapy (CFC). The ODG states that CFC is recommended as an option after surgery, but not for non-surgical treatment. Post-operative use is recommended for up to 7 days. This patient had surgery on 8/9/2015, so he is no longer in the acute post-operative phase. Therefore, the request is not medically necessary or appropriate.