

Case Number:	CM15-0203678		
Date Assigned:	10/20/2015	Date of Injury:	06/22/1993
Decision Date:	12/03/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/16/2015

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:

This injured worker is a 56-year-old male, who sustained an industrial injury on 06-22-1993. The injured worker was diagnosed as having right shoulder - joint pain - shoulder. On medical records dated 06-03-2015 and 08-26-2015, the subjective complaints were noted as status post recent surgery of right shoulder -debridement and loose body removal. Objective findings were noted as shoulder more painful and pain with mobility, and a decreased range of motion. Treatments to date included surgical intervention and medication. The injured worker was noted to be unable to work secondary to dysfunction. A right total shoulder arthroplasty was recommended by provider. Current medications were listed as Fentanyl patch, Celexa, Duragesic, Vicoprofen, Ambien, Cyclobenzaprine HCL, Neurontin and Lidoderm Patch. The Utilization Review (UR) was dated 09-16-2015. A Request for Authorization was dated 09-02-2015. The UR submitted for this medical review indicated that the request for associated surgical services of hospital inpatient stay (days) 3 was modified and cold therapy unit was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold Therapy Unit (Indefinite Use): 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 Chapter, Cold compression therapy.

Decision rationale: The CA MTUS/ACOEM Guidelines are silent on the issue of cold compression therapy. According to the Official Disability Guidelines, 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.

Hospital Inpatient Stay (3-days): 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 Chapter, Hospital length of stay.

Decision rationale: The CA MTUS/ACOEM Guidelines are silent on the issue of hospital length of stay. According to the Official Disability Guidelines, the hospital length of stay for total shoulder arthroplasty states that best practice is for a median of 2 days with an average of 2.3 days. As the requested range exceeds the recommendations in the guidelines, the request is not medically necessary.