

Case Number:	CM15-0204525		
Date Assigned:	10/21/2015	Date of Injury:	10/02/2014
Decision Date:	12/08/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/19/2015

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: Minnesota, Florida

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 58 years old and sustained an industrial injury on 10-02-2014. Medical records indicated the worker was treated for a right shoulder injury. A MRI of 02-10-2015 demonstrated a partial synovial surface tear involving the infraspinatus with tendinopathy of the supraspinatus, infraspinatus, and possible partial tears involving the bursal surfaces with type 3 acromion. The worker had undergone physical therapy but it was discontinued due to diminishing range of motion and pain. Notes of 06-01-2015 stated the worker had an injection to the subacromial space that temporarily decreased his pain. Diagnoses include shoulder impingement with adhesive capsulitis and rotator cuff tear. Medications include Flexeril, Aleve, Protonix, and Ultram. In the provider notes of 10-12-2015, the worker's complaints included right shoulder pain rated a 9 on a scale of 0-10. Objective findings were of right shoulder tenderness with positive Jobe test, decreased range of motion, positive impingement signs and atrophy of the right deltoid muscle. The plans included right shoulder arthroscopic subacromial decompression and debridement of rotator cuff for 10-19-2015. A request for authorization was submitted for: Post-operative Game Ready unit and garment for the right shoulder, 7 day rental. A utilization review decision 10-09-2015 denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative Game Ready unit and garment for the right shoulder, 7 day 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: Knee - Game Ready accelerated recovery system.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Shoulder, Topic: Cold compression therapy.

Decision rationale: ODG guidelines do not recommend cold compression therapy for the shoulder, as there are no published studies. It may be an option for other body parts. As such, the game ready device and garment is not supported and the medical necessity of the request is not medically necessary.