

Case Number:	CM15-0025877		
Date Assigned:	02/18/2015	Date of Injury:	01/22/2014
Decision Date:	03/27/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/11/2015

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 64-year-old female, with a reported date of injury of 01/22/2014. The diagnoses include status post left shoulder arthroscopy and protrusion at C5-6 with left cervical radiculopathy. Treatments have included oral medications, chiropractic treatment for the left shoulder, and postoperative physical therapy for the left shoulder. The follow-up consultation report dated 12/19/2014 indicates that the injured worker had left shoulder pain and cervical pain with upper extremity symptoms. She rated the left shoulder pain 6 out of 10, and the cervical pain 5 out of 10. The injured worker's activities of daily living are maintained with medication. The objective findings included tenderness of the left shoulder, improved range of motion, improved conditioning of the left deltoid musculature, tenderness of the cervical spine, limited and painful range of motion of the cervical spine, and spasm of the cervical trapezius. The report from which the request originates was not included in the medical records provided for review. The treating physician requested Game Ready cold therapy/compression unit rental for seven days (date of service: 11/03/2014), and a shoulder wrap for the Game Ready unit for seven days (date of service: 11/03/2014). On 02/04/2015, Utilization Review (UR) denied the retrospective request for a Game Ready cold therapy/compression unit rental for seven days (date of service: 11/03/2014), and a shoulder wrap for the Game Ready unit for seven days (date of service: 11/03/2014). The UR physician noted that not all components of the device are fully guideline-supported. The non-MTUS Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Game Ready Cold Therapy/Compression unit rental X7 days, dispensed 11/3/14;:

Overtured

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist, Hand Vasopneumatic device and Shoulder, Venous thrombosis, and continuous flow-cryotherapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.

Decision based on Non-MTUS Citation 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 patient is post shoulder surgery dated 11/2014. This is a treatment option post surgery per the ODG and thus is medically warranted.

Shoulder wrap for game ready unit X7 days, dispensed 11/3/14: Overtured

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist, Hand Vasopneumatic device and Shoulder, Venous thrombosis, and continuous flow-cryotherapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.

Decision based on Non-MTUS Citation 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 patient is post shoulder surgery dated 11/2014. This is a treatment option post surgery per the ODG and thus is medically warranted.