

Case Number:	CM15-0222267		
Date Assigned:	11/18/2015	Date of Injury:	10/02/2011
Decision Date:	12/31/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	11/12/2015

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: Florida
 Certification(s)/Specialty: Neurology, Pain Management

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 59 year old male, who sustained an industrial injury on 10-2-2011. The medical records indicate that the injured worker is undergoing treatment for right shoulder sprain-strain and complete right shoulder rotator cuff tear with 20 millimeter retraction. According to the progress report dated 3-25-2015, the injured worker presented with complaints of constant right shoulder pain. On a subjective pain scale, he rates his pain 4 out of 10. The physical examination of the right shoulder reveals tenderness and spasm over the trapezius muscle, bilaterally. Range of motion: Flexion 150 degrees, extension 30 degrees, abduction 140 degrees, adduction 30 degrees, and internal-external rotation 65 degrees. The current medications are Norco and Cyclobenzaprine. Previous diagnostic studies include electrodiagnostic testing and MRI of the right shoulder. The MRI report from 4-6-2015 showed a complete tear supraspinatus tendon with 20 millimeter tendinous retraction, infraspinatus tendinosis, acromioclavicular osteoarthritis, and joint effusion. Treatments to date include medication management, physical therapy, and home exercise program. Work status is not indicated. The original utilization review (10-20-2015) had non-certified a request for right shoulder rehab kit and cold therapy unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder rehab kit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter: Rehab Kit.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The medical records report pain in the shoulder region with reduced range of motion, but does not document specific functional goals for previous therapy visits. MTUS supports PT for identified goals up to 8 visits for shoulder sprain/strain. As the medical records do not support specific goals of additional therapy and do not indicate rationale for needing additional visits beyond those supported by MTUS, the medical records do not support a medical necessity for additional rehab.

Cold therapy unit: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004.

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

Decision rationale: Cold therapy unit as a form of cryotherapy is not supported for shoulder sprain strain. There is no indication of recent shoulder surgery or intent for surgery with unit use after such surgery. ODG does not support use of cold therapy for shoulder sprain/strain. The medical records do not indicate findings supporting of extenuating circumstances to support this treatment for the insured. Therefore, the request for a Cold therapy unit is not medically necessary.