

Case Number:	CM15-0032977		
Date Assigned:	03/02/2015	Date of Injury:	12/13/2013
Decision Date:	05/01/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/23/2015

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

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 62-year-old male who sustained an industrial injury on 12/13/2013. Recently he returned for re-evaluation of his right shoulder pain. The injured worker has been diagnosed with, and/or impressions were noted to include, cervical strain, right lateral epicondylitis; right shoulder bursitis with mild to moderate partial tearing/delamination of the sub-scapularis, with impingement syndrome; and early moderate degenerative/arthritis changes in the right shoulder/AC joint. Treatments to date have included consultation; x-rays and magnetic resonance imaging studies; failed physical therapy; ineffective cortisone injection therapy; rest; and medication management. It is noted that he remains on temporary total disability and is not working while he undergoes the recommended surgical intervention recommended on the 1/15/2015 surgical notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm Cold Therapy Unit x 14 Days (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 (ODG), Treatment Index, 13th Edition (web), 2015, Shoulder Section - Criteria for Continuous-Flow Cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Cold Compression Therapy.

Decision rationale: CA MTUS/ACOEM is silent on the issue of cold compression therapy. According to the ODG, 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 determination is for non-certification. Therefore, this is not medically necessary.