

Case Number:	CM15-0034383		
Date Assigned:	03/02/2015	Date of Injury:	12/02/2011
Decision Date:	04/15/2015	UR Denial Date:	02/11/2015
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: Physical Medicine & Rehabilitation

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 54-year-old male reported a work-related injury on 12/02/2011. According to the PR2 from the treating provider dated 11/10/14, the injured worker (IW) reports severe neck and left shoulder pain rated 9/10. The IW was diagnosed with cervical spine radiculopathy with disc injury, lumbar spine myofascitis with disc injury and status post right shoulder arthroscopic surgery. Previous treatments include medications and physical therapy. The treating provider requests Q-Tech cold therapy unit/wrap rental for 35 days. The Utilization Review on 02/11/2015 non-certified the request for Q-Tech cold therapy unit/wrap rental for 35 days, citing CA MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME Q-Tech cold therapy unit/wrap rental for 35 days: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This 54-year-old male reported a work-related injury on 12/02/2011. According to the PR2 from the treating provider dated 11/10/14, the injured worker (IW) reports severe neck and left shoulder pain rated 9/10. The IW was diagnosed with cervical spine radiculopathy with disc injury, lumbar spine myofascitis with disc injury and status post right shoulder arthroscopic surgery. Previous treatments include medications and physical therapy. The treating provider requests Q-Tech cold therapy unit/wrap rental for 35 days. The Utilization Review on 02/11/2015 non-certified the request for Q-Tech cold therapy unit/wrap rental for 35 days, citing CA MTUS guidelines. Rationale: The patient presents with pain and weakness in his neck, shoulder, lower back and upper/lower extremities. The patient is s/p right shoulder arthroscopy on 08/12/13. The request is for DME Q-TECH COLD THERAPY UNIT WITH WRAP RENTAL FOR 35 DAYS. The treater requested rotator cuff repair and subacromial decompression of the left shoulder on 11/14/14. It is not clear whether or not the requested surgeries are authorized. MRI of the left shoulder from 04/22/14 shows partial thickness tearing involving the articular undersurface of the posterior portion of the supraspinatus tendon. Per 05/23/14 QME report, "[QME] continues to recommend non-operative care for the left shoulder including therapy and medications." The MTUS and ACOEM guidelines do not discuss cold therapy units. Therefore, ODG Guidelines are referenced. ODG guidelines, under Shoulder Chapter, Cold Compression section states, "Not recommended in the shoulder, as there are no published studies." In this case, the treater appears to request cold therapy unit with wrap as post-op aid following the left shoulder rotator cuff repair and subacromial decompression surgeries, which are not scheduled yet. However, ODG guidelines does not recommend cold therapy unit for shoulder condition. It is recommended for knee condition only. Therefore, the request of DME cold therapy unit with wrap IS NOT medically necessary.