

Case Number:	CM15-0038970		
Date Assigned:	03/09/2015	Date of Injury:	04/20/2000
Decision Date:	04/16/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	03/02/2015

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: Preventive Medicine, Occupational Medicine

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 female who sustained an industrial injury on 04/20/2000. She reported left shoulder pain. The injured worker was diagnosed as having left shoulder frozen shoulder, left shoulder tendinitis, and left shoulder status post arthroscopy. Treatment to date has included left shoulder MRI on 05/07/2014, physical therapy, and medication. On the progress note dated 01/06/2015, she was noted to left shoulder tightness even after manipulation under anesthesia and decreased range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy for the left shoulder 18:00: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: Per the MTUS Guidelines, the postsurgical treatment general course of therapy for adhesive capsulitis is 24 visits over 14 weeks. The initial course of therapy is 1/2 of

the general course of therapy, so 12 visits of physical therapy would be indicated. Additional therapy would need evaluation following the initial course. Utilization review modified this request to be consistent with recommendations of the MTUS Guidelines. The request for post-operative physical therapy for the left shoulder #18 is determined to not be medically necessary.

Vascuthem 4 w/DVT cold compression unit (in days) quantity: 21.00: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Cold Compression Therapy section, Continuous-flow Cryotherapy section.

Decision rationale: The MTUS Guidelines do not address the use of cold compression therapy for the shoulder. The ODG does not recommend the use of cold compression therapy for the shoulder as there are no published studies. Continuous-flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to seven days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage. This request is in excess of the maximum number of days recommended by the ODG. The request for Vascuthem 4 w/DVT cold compression unit (in days) quantity: 21.00 is determined to not be medically necessary.