

Case Number:	CM15-0039377		
Date Assigned:	03/09/2015	Date of Injury:	07/10/2014
Decision Date:	04/14/2015	UR Denial Date:	02/24/2015
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: Massachusetts

Certification(s)/Specialty: Anesthesiology, 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 54 year old male, who sustained an industrial injury on 07/10/2014. He has reported subsequent right shoulder pain and was diagnosed with shoulder impingement and bursitis. Treatment to date has included oral and topical pain medication and physical therapy. In a progress note dated 01/22/2015, the injured worker complained of constant right shoulder pain rated as 3/10. Objective examination findings were notable for decreased range of motion of the right shoulder and tenderness to palpation of the anterior aspect of the right shoulder near the glenohumeral joint. Theracare was scheduled without an explanation as to the reason for the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective purchase: Thera Cane (2/18/2015): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg chapter and Durable Medical Equipment (DME).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

Decision rationale: The ACOEM Chapter 12 Shoulder indicates that specialized treatments or referrals require a rationale for their use. According to the documents available for review, there is no rationale provided to support the use of Thera Cane. Therefore at this time the requirements for treatment have not been met, and medical necessity has not been established.