

Case Number:	CM15-0042220		
Date Assigned:	03/12/2015	Date of Injury:	10/25/2013
Decision Date:	04/20/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/05/2015

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: Utah, Arkansas
 Certification(s)/Specialty: Family Practice

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 49 year old female, who sustained an industrial injury on 10/25/13. She reported a strain sensation in the anterior aspect of the right shoulder with right shoulder pain since the injury. Currently, the injured worker complains of right shoulder pain, right upper extremity pain with intermittent numbness and the request is for postoperative therapy. The injured worker has a right shoulder arthroscopy with partial rotator cuff and labral tear repair/decompression (1/9/15). The injured worker was diagnosed as having chronic impingement syndrome right shoulder; partial low-grade rotator cuff tear; type II superior labrum anterior posterior tear right shoulder. Treatment to date has included MRI right shoulder (12/7/13); physical therapy; medications and status post right shoulder arthroscopy with partial rotator cuff and labral tear repair/decompression (1/9/15).

IMR ISSUES, DECISIONS AND RATIONALES

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

14 day extension Intermitten pneumatic compression cold therapy unit 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), Shoulder, Cold compression therapy.

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

Decision rationale: MTUS treatment guidelines are silent with regards to the above request. Other guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Pneumatic compression cold therapy unit. Guidelines state the following: Not recommended in the shoulder. According to the clinical documentation provided and current guidelines; Pneumatic compression cold therapy unit is not indicated as a medical necessity to the patient at this time.

Game ready shoulder wrap rental for 14 days: 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), Knee & leg.

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

Decision rationale: MTUS treatment guidelines are silent with regards to the above request. Other guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Pneumatic compression cold therapy unit. Guidelines state the following: Not recommended in the shoulder. According to the clinical documentation provided and current guidelines; Pneumatic compression cold therapy unit is not indicated as a medical necessity to the patient at this time.