

Case Number:	CM15-0054011		
Date Assigned:	03/27/2015	Date of Injury:	01/07/2014
Decision Date:	05/01/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/23/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 49-year-old female who sustained an industrial injury on 01/07/14. Initial complaints and diagnoses are not available. Treatments to date include medications. Diagnostic studies are not discussed. Current complaints include neck and right shoulder pain. In a progress note dated 01/09/15 the treating provider reports the plan of care as continued medications including naproxen, Protonix, and topical creams, as well as physical therapy and acupuncture treatments. The requested treatment is a hot and cold unit and shoulder exercise rehabilitation kit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Heat/Cold Unit for purchase: 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: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder-Continuous-flow cryotherapy.

Decision rationale: Heat/Cold Unit for purchase is not medically necessary per the MTUS and the ODG Guidelines. The MTUS states that patients "at-home applications of heat or cold packs may be used before or after exercises and are as effective as those performed by a therapist. The ODG states that a continuous flow cryotherapy unit can be recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. The documentation does not indicate shoulder surgery or need for specialized equipment to apply heat or cold to the shoulder. The documentation is not clear on why the patient is unable to use an at home heat or cold pack as the MTUS recommends." The request for heat/cold unit for purchase is not medically necessary.

Shoulder Exercise Rehab Kit: 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: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder-Home exercise kits and Exercises.

Decision rationale: Shoulder Exercise Rehab Kit is not medically necessary per the MTUS and the ODG Guidelines. The MTUS guidelines state that except in cases of unstable fractures, acute dislocations, instability or hypermobility, patients can be advised to do early pendulum or passive ROM exercises at home for the shoulder. Instruction in proper exercise technique is important, and a few visits to a good physical therapist can serve to educate the patient about an effective exercise program. The ODG states that home exercise kits are recommended where home exercise programs are recommended and where active self-directed home physical therapy is recommended. Therapeutic exercise, including strengthening, should start as soon as it can be done without aggravating symptoms. The patient usually tolerates pendulum exercises even when discomfort is pronounced, and range of motion can be preserved by this method. The documentation is not clear on what is contained in this kit and why the patient is unable to perform home exercises without specialized equipment.