

Case Number:	CM15-0056060		
Date Assigned:	04/01/2015	Date of Injury:	09/21/2014
Decision Date:	05/01/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	03/24/2015

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: Arizona, California
 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:

This 65 year old male sustained an industrial injury on 9/21/14. He subsequently reported right shoulder pain. Diagnoses include right shoulder rotator cuff tear, right shoulder impingement and osteoarthritis. Diagnostic testing has included x-rays and MRIs. Treatments to date have included surgery, physical therapy and prescription pain medications. The injured worker continues to experience right shoulder pain. A request for Additional 7 Day Rental Of Cold Compression Unit (retrospective DOS 2/19/15 to 2/25/15) was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 7 Day Rental Of Cold Compression Unit (retrospective DOS 2/19/15 to 2/25/15):
 Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Integrated Treatment/Disability Duration.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ODG-shoulder pain Page(s): 11.

Decision rationale: According to the guidelines, a cold compression unit or cyotherapy is recommended as option after surgery for up to 7 days to decrease pain and inflammation. In this case, the claimant completed at least 14 days of therapy. In addition, compression garments are not generally recommended since DVT risk is low for shoulder surgery. The request for an additional 7 days of cold compression unit is not medically necessary.