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| Case Number: | CM15-0080769 | | |
| Date Assigned: | 05/01/2015 | Date of Injury: | 08/23/2013 |
| Decision Date: | 06/01/2015 | UR Denial Date: | 03/27/2015 |
| Priority: | Standard | Application Received: | 04/27/2015 |

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 52 year old female, who sustained an industrial injury on August 23, 2013. She reported lifting a child and developed pain in her shoulders. The injured worker was diagnosed as having left shoulder partial rotator cuff tear and subacromial impingement syndrome, left biceps tendinitis rule out partial tear, bilateral shoulder adhesive capsulitis right greater than left, right shoulder rotator cuff repair, right subacromial impingement syndrome, and possible cervical spine radiculopathy. Treatment to date has included physical therapy, MRI, right shoulder surgery, subacromial injection, and medication. Currently, the injured worker complains of mild to moderate shoulder pain. The Primary Treating Physician's report dated March 13, 2015, noted the injured worker approximately two months status post right shoulder manipulation under anesthesia, and had completed 12 post-procedure physical therapy. The physical examination was noted to show the injured worker very tender to palpation throughout the left shoulder subacromial region and the AC joint, with Hawkin's sign, Yergeson's, Speed's, and O'Brien's tests all positive for the left shoulder. The treatment plan was noted to include requests for authorization for left shoulder surgery, assistant surgeon, post-operative physical therapy, pre-operative history and physical and durable medical equipment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of cold therapy unit for left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195-224.

Decision rationale: This injured worker has chronic pain with possible upcoming/anticipated surgery. During the acute to subacute phases of surgery for a period of 2 weeks or less, physicians can use passive modalities such as application of heat and cold for temporary amelioration of symptoms and to facilitate mobilization and graded exercise. In this case, there is no documentation of inflammation and/or whether the cold therapy unit is for the current state or post surgical state. Also, it is not clear why the application of ice packs cannot be used instead of a cold therapy unit. The medical necessity for a cold therapy unit is not substantiated in the records. Therefore the request is not medically necessary.

Purchase of abduction sling for left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213.

Decision rationale: This injured worker has chronic shoulder pain with possible upcoming surgery. In this case, there is no documentation of whether the sling is for the current state or post surgical state. Prolonged use of a sling is only recommended for symptom control or for severe shoulder pain for 1-2 days, per the ACOEM. The rationale for the shoulder abduction sling is not medically necessary.