

Case Number:	CM15-0087856		
Date Assigned:	05/12/2015	Date of Injury:	07/02/2012
Decision Date:	06/16/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	05/07/2015

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: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 52 year old female, who sustained an industrial injury on July 2, 2012. The injury was noted to be cumulative trauma related to her usual and customary duties. The injured worker has been treated for right shoulder and right elbow complaints. The diagnoses have included right shoulder impingement, right acromioclavicular joint arthritis, right shoulder rotator cuff tendinitis and right elbow epicondylitis. Treatment to date has included medications, radiological studies, physical therapy, injections, electrodiagnostic studies, elbow brace, a home exercise program and right elbow surgery. Current documentation dated February 18, 2015 notes that the injured worker reported right shoulder pain. Examination of the right shoulder revealed tenderness to palpation over the acromioclavicular joint. A Hawkin's impingement test and Neer's impingement test were positive. Strength and muscle tone were noted to be normal. The treating physician's plan of care included a request for a Game Ready ice machine for seven-ten days for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Game Ready Ice Machine for 7-10 Days for Right Shoulder: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Cold compression therapy.

Decision rationale: Regarding the request for intermittent limb compression cold therapy device (game ready ice machine), California MTUS and ACOEM do not contain criteria related to that request. ODG states that cold compression therapy is not recommended for the shoulder as there are no published studies. As such, the currently requested limb compression cold therapy device (game ready ice machine) is not medically necessary.