MAXIMUS Federal Services

Case Number:	CM15-0088317		
Date Assigned:	05/12/2015	Date of Injury:	02/19/2013
Decision Date:	06/18/2015	UR Denial Date:	04/08/2015
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: Florida
Certification(s)/Specialty: Neurology, Pain Management

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 2/19/13. She reported injuries to the neck, head, low back, hips and legs after being pushed and falling down unconscious by a store robber. The diagnoses have included status post head injury, scalp laceration and concussion, post traumatic head syndrome, lumbar disc herniation, lumbar radiculopathy, and major depressive disorder, moderate to severe with debilitating pain and cognitive deficits. Treatment to date has included medications, diagnostics, injections, psychiatric, neurology, physical therapy, Currently, as per the physician progress note dated 3/11/15, the injured worker complains of severe pain due to frozen shoulder. She reports that she is unable to sleep at night and unable to move the arm without it causing intolerable pain. She is tearful, sad, overwhelmed and has guilt due to inability to participate in normal activities with her son. The physician notes that she continues to have significant benefit from treatment; however her psychological status remains fragile. He notes that her affect has improved, although she remains quite depressed. The physician recommended treatments were to continue outpatient psychotherapy to reduce anxiety and depression and assist her through recovery process post-surgery. She is waiting to be scheduled for surgery. The physician requested treatment included Post-operative cold therapy unit rental for 14 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:

Post-operative cold therapy unit rental x14 days for the 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, Shoulder (Acute & Chronic) Chapter Continuous-flow Cryotherapy Section, cold therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - shoulder, cold therapy.

Decision rationale: ODG supports that hot/cold compression unit as a form of cryotherapy is not supported after lumbar or cervical discectomy surgery. But is recommended as an option after shoulder surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. The medical records support that shoulder surgery is planned. As the request for 14 days exceeds the ODG guidelines recommended duration of 7 days and the medical records do not indicate extenuating circumstances, the medical records do not support the therapy requested. Therefore, the requested medical treatment is not medically necessary.