MAXIMUS Federal Services

Case Number:	CM14-0119693		
Date Assigned:	08/06/2014	Date of Injury:	10/22/2009
Decision Date:	10/10/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/28/2014

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. The expert reviewer is Board Certified in Ortho[pedic surgery and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 49-year-old with a date of injury of October 22, 2009. MRI the right shoulder from 2014 shows a paralegal cyst and an underlying labral injury. There is tendinopathy of the rotator cuff without discrete rotator cuff tear. There is a mass effect of the acromion on the supraspinatus tendon.Patient underwent right wrist surgery in April 2014. The patient has been approved for right shoulder rotator cuff repair in 12 postoperative visits.Treatment to date has included medications, physical therapy injections.Medical records suggest the patient may be developing complex regional pain syndrome of the upper extremity.At issue is whether specific treatment modalities and not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vacutherm Unit 30 days rental & pad purchase, 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-Treatment in Workers Compensation 2014, Shoulder, Cold Compressive Therapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ODG shoulder pain chapter, and the shoulder pain chapter

Decision rationale: Literature does not support the use of cold therapy after right shoulder surgery. In addition the literature does not support the use of cold therapy for degenerative shoulder conditions or complex regional pain syndrome. Guidelines do not support the use this modality. Ice bags may be just as effective as cold therapy. Cold therapy not medically necessary.