

Case Number:	CM14-0146877		
Date Assigned:	09/12/2014	Date of Injury:	09/15/2010
Decision Date:	10/15/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/10/2014

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 Orthopedic Surgery, has a subspecialty in Spine Surgery and is licensed to practice in South Dakota. 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 injured worker is 47 year-old female injured on September 15, 2010 due to a slip and fall and landed on the left side. Primary treating physician progress note, dated September 15, 2014, indicates the injured worker presents on this day with complaints of left arm and shoulder pain. The injured worker also complains of left hip, back and neck pains. Clinical note by pain management specialist, dated September 15, 2014, indicate the left shoulder and arm pain are due to a compressed nerve. EMG/NCV revealed left cubital tunnel and carpal tunnel syndrome on July 30, 2014. Repetitive use makes pain worse. The injured worker was scheduled for a carpal tunnel and cubital tunnel release on the left arm on September 30, 2014. The injured worker was undergoing acupuncture treatments but this made pain worse. Pain level on this day was 3 out of 10 on the visual analog scale (VAS). The injured worker is approximately 10 months post op left shoulder surgery and was considered to be improving. Physical exam of the left upper extremity on clinical note dated, August 6, 2014, reveals swelling, tenderness, and pain of the left shoulder, diminished active, passive range of motion due to pain. The injured worker complains of pain shooting down left arm with neck movement. Diagnoses include cervical radiculopathy, cervicalgia, cubital tunnel syndrome, carpal tunnel syndrome, lumbago, and myofascial pain. The previous utilization review modified request for Game Ready Unit (for 2 weeks) to 7 seven days and denied request for postoperative appointment within global period with fluoroscopy (quantity 4) on September 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Game Ready Unit (for 2 weeks): 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) Treatment in Workers' Comp, 9th Edition (Web)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Knee, Continuous-Flow Cryotherapy, Cold Compression Therapy

Decision rationale: MTUS does not address. ODG doesn't specifically address for elbow surgery but suggests the use of continuous-flow cryotherapy as an option after surgery of the shoulder or knee for up to 7 days and a similar time frame for the elbow would be reasonable. Cold compression therapy, also known as the Game Ready device, is not recommended in the shoulder as there are no published studies that support its use and this would be appropriate to consider for the elbow. The request is not medically necessary.

Postoperative appointment within global period with fluoroscopy (quantity 4):

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers' Comp, 5th edition , 2007 or current year, Hip Chapter, Office Visits

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Office Visits.

Decision rationale: ODG recommends office visits to be medically necessary, and play a critical role in diagnosis and return to function of an injured worker. In this case, the reasons for the use of fluoroscopy are not described. Without rationale for the procedure it is deemed not medically necessary.