

Case Number:	CM14-0162602		
Date Assigned:	10/07/2014	Date of Injury:	10/02/2010
Decision Date:	11/07/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/03/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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 a 28-year-old male who reported an injury on 10/02/2010 due a fall from a ladder. The injured worker reportedly sustained an injury to his low back and shoulder. The injured worker ultimately underwent surgical intervention on 06/12/2014 followed by postsurgical treatment, to include physical therapy, a TENS unit, and medications. The injured worker was evaluated on 04/11/2014. It was documented that the injured worker had been authorized for a surgical intervention. Physical findings included tenderness in the bicipital groove and subacromial space with restricted range of motion secondary to pain and a positive Neer and Hawkins impingement sign and a positive Speed sign. The injured worker's diagnoses included right shoulder adhesive capsulitis, right shoulder labral tear, right shoulder biceps tenosynovitis. The injured worker's treatment plan at that appointment included surgical intervention. The injured worker underwent surgical intervention in 06/2014. The injured worker's most recent clinical evaluation was dated 09/09/2014. It was documented that the injured worker continued to improve postsurgically and had completed conservative therapy and was participating in a home exercise program. The injured worker's treatment plan included continuation of a home exercise program and continuation of medications. A request was made for 1 cold therapy unit. However, no justification for the request was provided. No Request for Authorization form was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 cold therapy unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic)

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, Continuous Flow Cryotherapy

Decision rationale: The requested 1 cold therapy unit is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address this request. Official Disability Guidelines recommend a continuous flow cryotherapy unit for assisting with postsurgical inflammation and pain. The clinical documentation does indicate that the injured worker underwent surgical intervention. Therefore, a continuous flow cryotherapy unit would be supported for up to 7 days. However, the submitted request does not clearly identify if the equipment is for rental or purchase. Also, there is no duration of treatment identified. As open ended treatment is not supported, the request as it is submitted is also not supported. As such, the requested 1 cold therapy unit is not medically necessary or appropriate.