

Case Number:	CM14-0211331		
Date Assigned:	12/24/2014	Date of Injury:	05/09/2009
Decision Date:	03/09/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, 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 a 51-year-old woman with a date of injury of 05/09/2009. The submitted and reviewed documentation did not identify the mechanism of injury. A treating physician note dated 11/15/2014 indicated the worker was experiencing knee instability and a limited ability to lift the arm overhead. A documented examination described tenderness in the knee, knee swelling, a positive Lachman's test, and a positive anterior drawer test. The submitted and reviewed documentation concluded the worker was suffering from chronic pain syndrome, lumbar discopathy, right shoulder impingement syndrome with rotator cuff tear, and left knee internal derangement. Treatment recommendations included medications, physical therapy, consultation with physiatry, back and knee bracing, hot and cold packs for the right shoulder, left knee x-rays, and medications injected into the left knee joint. A Utilization Review decision was rendered on 12/04/2014 recommending non-certification for a hot and cold wrap for the right shoulder. A right shoulder MRI report dated 11/04/2014 was also reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot and Cold Wrap for the Right Shoulder (unspecified if rented or purchase): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 9 Shoulder Complaints Page(s): 43-49; 195-214.

Decision rationale: While the literature is limited, the ACOEM Guidelines support the use of heat and cold packs before and after exercise if it improves the worker's function. The submitted and reviewed records indicated the worker was experiencing knee instability and a limited ability to lift the arm overhead. The goal of the requested hot and cold wrap was to increase the worker's shoulder motion and improve function. In light of the supportive evidence, the current request for a hot and cold wrap for the right shoulder is medically necessary.