

Case Number:	CM14-0086220		
Date Assigned:	07/23/2014	Date of Injury:	03/07/2012
Decision Date:	01/20/2015	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/09/2014

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 Internal Medicine 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 (IW) is a 40-year-old woman with a date of injury of March 7, 2012. The mechanism of injury was not documented in the medical record. The current diagnoses are cervical disc disease; carpal tunnel syndrome; right elbow sprain/strain; right wrist sprain/strain; fibromyalgia; left wrist extensor carpi ulnaris tendinosis, per MRI; left shoulder adhesive capsulitis, per MRI. The IW underwent right shoulder arthroscopy on February 28, 2014. She has completed a course of physical therapy, and previous epidural injection to the cervical spine as well as cortisone injection to the shoulders. There is 1 clinical note in the medical record dated July 21, 2014. The documentation starts on page 2. The IW is pending authorization for the left shoulder arthroscopy with repairs. Objective physical findings reveal tenderness and spasm over the paracervical muscles bilaterally. Pain and spasms in all directions limit range of motion. There is a positive impingement sign to the bilateral shoulder with positive empty can supraspinatus test bilaterally. Elbow range of motion is painful in all directions bilaterally. Current medications include Norco 5/325mg and Relafen 750mg, and Omeprazole 20mg. The treatment plan recommendations include pain management consultation, urine drug screen, and medication refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Q-tech cold therapy unit, twenty -one day rental for the right shoulder.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 201-205. Decision based on Non-MTUS Citation Official Disability Guidelines: Treatment Index Shoulder Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Continuous Flow Cryotherapy

Decision rationale: Pursuant to the Official Disability Guidelines, Q-tech cold therapy unit 21 day rental for the right shoulder is not medically necessary. The Official Disability Guidelines state continuous flow cryotherapy units are recommended as an option after surgery, and may be used up to seven days, including home use. In this case, the injured worker underwent a right shoulder arthroscopy. The documentation consists of a single progress note by the treating physician. Progress note starts the middle of page 21. The injured worker's diagnoses are cervical disc disease; carpal tunnel syndrome; right elbow sprain/strain; right wrist sprain/strain; fibromyalgia; left wrist extensor carpi ulnaris tendinosis; and left shoulder adhesive capsulitis. The risks of surgery are explained. There is no documentation/progress note from the treating physician regarding requesting the Q-tech cold therapy unit 21 day rental for the right shoulder. Consequently, after the appropriate clinical documentation from the treating physician requesting the unit and the 21 day rental versus the recommended seven-day rental by the ODG, Q-tech cold therapy unit 21 day rental for the right shoulder is not medically necessary.