

Case Number:	CM15-0011138		
Date Assigned:	01/29/2015	Date of Injury:	12/06/2001
Decision Date:	03/24/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/21/2015

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: Florida

Certification(s)/Specialty: Neurology, Pain Management

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 59 year old female who sustained a work injury on December 6, 2001, incurring injuries of the right shoulder, after a cabinet fell on her right shoulder, neck and hand. Diagnoses made were impingement of the right shoulder and right carpal tunnel syndrome. Treatment consisted of anti-inflammatory medications. On June 26, 2014, the injured worker complained of gastrointestinal distress due to overuse of medications. She also complained of ongoing pain of the upper extremities. Diagnoses included recurrent impingement of the left and right shoulders, right carpal tunnel, and overuse of upper extremities. On December 24, 2014, a request for a service of a Wrap, Dura soft Hot/Cold Universal Therapy was non-certified by Utilization Review, noting ACOEM Guidelines and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wrap, Durasoft Hot/Cold Universal Therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation shoulder, diathermy

Decision rationale: Hot/ Cold compression unit as a form of cryotherapy is not supported for shoulder condition. There is no indication of failure of standard application of hot/cold packs or compresses or demonstrated failure of at least 6 weeks conservative treatment. The medical records do not otherwise indicate findings supporting of extenuating circumstances to support this treatment for the insured. As such the medical records do not support use of wraps, hot/cold universal therapy congruent with ODG guidelines.