

Case Number:	CM15-0111608		
Date Assigned:	06/18/2015	Date of Injury:	11/15/2013
Decision Date:	07/17/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	06/09/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 41 year old female patient who sustained an industrial injury on 11/15/2013. The accident was described as while working as a parker at a warehouse she was washing bins in a room attempted to leave the room by hoisting herself over an opening overhead when she was struck with all of her weight to the right upper extremity. She was finally able to extricate herself and felt cramping pain in the right shoulder with a locking sensation. The injury was reported she was evaluated and prescribed chiropractic treatment which provides some pain relief. In addition she is actively participating in physical therapy and pending an epidural injection. A recent primary treating office visit dated 02/03/2015 reported the patient with subjective complaint of having frequent migraines, chronic neck and right sided shoulder pain. Current subjective complaint is aching neck pain radiating to right shoulder and down the arm. The pain even interrupts sleep intermittently. She is currently taking the following medications: Tylenol #3, Lunesta. The following visit dated 05/14/2015 reported the following treating diagnoses applied: cervical intervertebral disc syndrome; cervical radiculitis/neuritis, and bursitis/tenosynovitis, shoulder. There is pending orthopedic surgery to the shoulder. The patient is to remain off from work through 06/30/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative cold compression therapy for three 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, Shoulder, Cold Compression Therapy.

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/Cold Compression Therapy Section.

Decision rationale: The MTUS Guidelines do not address the use of cold compression therapy for the shoulder. The ODG does not recommend the use of cold compression therapy for the shoulder as there are no published studies, therefore, the request for post operative cold compression therapy for three weeks is not medically necessary.