

Case Number:	CM15-0115136		
Date Assigned:	06/23/2015	Date of Injury:	11/13/2013
Decision Date:	07/22/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/15/2015

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 was a 38 year old male, who sustained an industrial injury, November 13, 2013. The injured worker previously received the following treatments Norco, physical therapy with electrical stimulation, walking the treadmill for 30 minutes, machine for the shoulders, play dough for squeezing for the wrists, and elastic bands for the back and shoulders, chiropractic treatments relieved the pain temporarily, but made the neck pain worse, acupuncture, epidural injections and aqua therapy, psychiatric services, right shoulder x-rays, Motrin, Tylenol, Prilosec, left and right shoulder MRI, steroid injections and home exercise program. The injured worker was diagnosed with cervical strain, thoracic strain, lumbar strain, head injury, left shoulder pain and dysfunction, left shoulder impingement, left shoulder AC joint arthrosis, left shoulder rotator cuff tendinitis, left shoulder bursitis, left shoulder tendinitis and left shoulder internal derangement. According to progress note of April 23, 2015, the injured worker's chief complaint was intermittent moderate sharp headaches, back pain, left shoulder pain, right elbow and left wrist pain. The injured worker was complaining of activity dependent moderate to severe sharp, stabbing left shoulder pain. There were associated symptoms of heaviness and weakness. There was also a complete of left elbow pain activity dependent moderate to severe with heaviness and weakness. The injured worker complained of loss of sleep due to pain. The physical exam of the left shoulder noted 3 plus tenderness with palpation of the anterior shoulder and posterior shoulder. The Neer's test caused pain. There was 3 plus tenderness of the lateral left elbow and lateral epicondyle. The left wrist had 3 plus tenderness with palpation of the volar wrist and lateral wrist. On March 3, 2014, the MRI of the left shoulder showed supraspinatus and

infraspinatus tendinosis. There was anterior glenoid labral tear, subdeltoid bursitis, glenohumeral joint osteoarthritis and subcortical cystic changes in the humeral head. The treatment plan included cold compression unit for 30 day rental and wrap purchase for the left shoulder for left shoulder postoperative care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold compression unit 30 days rental: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter - 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, Shoulder - Cold compression units/Continuous flow cryotherapy.

Decision rationale: MTUS Guidelines do not address this issue. ODG Guidelines address this issue directly and the Guidelines do not recommend the post operative use of cold compression for the shoulder. The Guidelines also state that any type of continuous cooling should be limited to 7 days post operative use. There are no unusual circumstances to justify an exception to Guidelines. The cold compression unit 30 days rental is not supported by Guidelines and is not medically necessary.

Wrap purchase left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter - Cold compression therapy; Compression garments.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Cold compression/compression units.

Decision rationale: MTUS Guidelines do not address this issue. ODG Guidelines specifically address this issue and the Guidelines do not support post operative compression after shoulder surgery. This particular wrap appears to be related to the request for a cold compression unit for 30 days which is not supported by Guidelines. The wrap purchase left shoulder is not supported by Guidelines and is not medically necessary.