

<b>Case Number:</b>	CM15-0119410		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	10/23/2014
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 24 year old female, who sustained an industrial injury, October 23, 2014. The injured worker sustained the injury while filming a sequence with rapidly opening wooden doors, however as the sequence initiated the door was propelled off its hinges with added weight of the stunt actor impacting the injured workers back and right shoulder. The injured worker previously received the following treatments urgent care after the work related accident. The injured worker was diagnosed with cervical musculoligamentous strain/sprain, thoracic musculoligamentous strain/sprain, lumbosacral musculoligamentous strain/sprain with radiculitis, right shoulder tendinitis, tender scar on the right lower back, right posterior shoulder and right posterior axillary region and right shoulder tendinitis. According to progress note of May 11, 2015, the injured worker's chief complaint was neck pain, back pain, right shoulder pain and skin lacerations. The physical exam noted cervical spine tenderness with palpation of the paraspinal processes from C5-C7 right paraspinal muscles, right trapezius muscles, right levator scapular muscles, mild spasms right paraspinal muscles, right trapezius muscles with decreased range of motion. There was positive distraction test. There was thoracic spine tenderness with palpation. There was decreased range of motion of the thoracic spine. There was tenderness of the T10-T12 process and t in the bilateral lower thoracic region. The linear scar had tenderness, raised and hyperpigmented over the lower back and right gluteus muscle. The lumbar spine had tenderness with palpation at the spinal processes of L3-L5, bilateral paraspinal muscles, right sacroiliac joints, right sacroiliac notch, right posterior iliac crest, right gluteal muscles. There were mild spasms of the bilateral paraspinal muscles. There was decreased range

of motion. The straight leg raises were positive. There was right shoulder tenderness with palpation posterior and laterally of the deltoid muscle and rotator cuff. There was decreased range of motion. The Neer's test was positive. There was decreased motor strength of the right shoulder. The flexion and abduction were 4 out of 5. Internal rotation was 4 out of 5 and the external rotation was 5 out of 5. The treatment plan included hot and cold pack therapy unit for scar tenderness.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Hot and Cold unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ACOEM chapter 7, page 127, Independent Medical Examinations and Consultations.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** According to the guidelines, cold therapy may be used in the acute phase of injury and followed by heat. In this case, the claimant's injury is remote. Length of use was not specified. The request for the hot/cold therapy unit is not medically necessary.