

Case Number:	CM15-0119787		
Date Assigned:	06/30/2015	Date of Injury:	08/09/2014
Decision Date:	07/29/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/22/2015

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: Texas, Florida, 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 64-year-old male who sustained an industrial injury on 8/9/2014 resulting in right shoulder pain and impaired range of motion. He is diagnosed with right acromioclavicular joint arthrosis, right rotator cuff tear, and right shoulder labral tear. Treatment has included right shoulder arthroscopy with labral debridement, rotator cuff debridement and subacromial decompression, physical therapy, ice, medication and home exercise program. The injured worker continues to experience pain and reduced range of motion. The treating physician's plan of care includes a water circulating heat pad with pump. Progress Report-2 recommends he remain off work until 7/1/2015. There is no further documentation indicating if he has returned to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for purchase of Heat therapy unit for the right shoulder, provided on date of service: 03/13/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic), Continuous-flow cryotherapy; Thermotherapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Page 48 of ACOEM, under Initial Approach to Treatment notes.

Decision rationale: This claimant was injured in 2014 and had right shoulder pain and impaired range of motion. The claimant was diagnosed with right acromioclavicular joint arthrosis, right rotator cuff tear, and right shoulder labral tear. Treatment included right shoulder arthroscopy with labral debridement, rotator cuff debridement and subacromial decompression, physical therapy, ice, medication and home exercise program. There is still pain. This is a heat administration device, which is a durable medical equipment item is a device to administer regulated heat. However, the MTUS/ACOEM guides note that "during the acute to subacute phases for a period of 2 weeks or less, physicians can use passive modalities such as application of heat and cold for temporary amelioration of symptoms and to facilitate mobilization and graded exercise. They are most effective when the patient uses them at home several times a day". More elaborate equipment than simple hot packs are simply not needed to administer the heat modalities; the guides note it is something a claimant can do at home with simple home hot packs made at home, without the need for such equipment. As such, this DME would be superfluous and not necessary, and not in accordance with MTUS/ACOEM. The request is appropriately not medically necessary.

Retrospective request for purchase of Multi use wrap for the right shoulder, provided on date of service: 03/13/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic), Continuous-flow cryotherapy; Thermotherapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Page 48 of ACOEM, under Initial Approach to Treatment notes.

Decision rationale: As shared previously, this claimant was injured in 2014 and had right shoulder pain and impaired range of motion. The claimant was diagnosed with right acromioclavicular joint arthrosis, right rotator cuff tear, and right shoulder labral tear. Treatment included right shoulder arthroscopy with labral debridement, rotator cuff debridement and subacromial decompression, physical therapy, ice, medication and home exercise program. There is still pain. The request is for are accessories for the heat administration device, which is a durable medical equipment item is a device to administer regulated heat. However, the MTUS/ACOEM guides note that "during the acute to subacute phases for a period of 2 weeks or less, physicians can use passive modalities such as application of heat and cold for temporary amelioration of symptoms and to facilitate mobilization and graded exercise. They are most effective when the patient uses them at home several times a day". More elaborate equipment than simple hot packs are simply not needed to administer the heat modalities; the guides note it is something a claimant can do at home with simple home hot packs made at home, without the need for such equipment. As such, this DME itself would be superfluous and not necessary, and not in accordance with MTUS/ACOEM and so its accessories would also be non-certified. The request was appropriately not medically necessary.