

Case Number:	CM15-0126135		
Date Assigned:	07/10/2015	Date of Injury:	06/13/2009
Decision Date:	08/11/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/29/2015

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 47year old male, who sustained an industrial injury, June 13, 2009. The injured worker previously received the following treatments Cyclobenzaprine, Soma, Dyotin, Flurbitac, Theraflex transdermal cream, Keratek gel, Vicosetron, right shoulder cortisone injection offered only temporary relief and x-rays of the right shoulder and right humerus showed impingement syndrome. The injured worker was diagnosed with right shoulder instability, right shoulder impingement syndrome. According to progress note of January 15, 2014, the injured worker's chief complaint was right shoulder pain. The injured worker described the pain as intense. The injured worker rated the pain 4 out of 10. The physical exam noted anterior tenderness of the right shoulder. There was decreased strength of the right shoulder with internal and external rotation. The treatment plan included a request for cold therapy unit and IF Unit (interferential current stimulation unit) for postoperative right shoulder care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold Therapy Unit Purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The Official Disability Guidelines recommend continuous-flow cryotherapy as an option after surgery, but not for non-surgical treatment. Postoperative use generally may be up to 7 days, including home use. The first reviewer modified the original request from the purchase of a cold therapy unit to a seven-day rental, which was in accord with the guidelines. Cold Therapy Unit Purchase is not medically necessary.

Interferential Unit rental for 30 days: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 68.

Decision rationale: The MTUS does not recommend a TENS unit as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. There is documentation that the patient meets the criteria necessary for a one-month trial of a TENS unit. The patient has been approved for outpatient right shoulder arthroscopy. Appropriate conservative care options are also being followed. I am reversing the previous utilization review decision. Interferential Unit rental for 30 days is medically necessary.