

Case Number:	CM15-0126849		
Date Assigned:	07/13/2015	Date of Injury:	01/13/2009
Decision Date:	08/07/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/30/2015

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, Indiana, Oregon
 Certification(s)/Specialty: Orthopedic Surgery

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 65 year old female, who sustained an industrial injury on January 13, 2009. The injured worker reported a motor vehicle accident (MVA) causing multiple injuries and a subsequent post-op fall during rehabilitation. The injured worker was diagnosed as having post laminectomy syndrome, chronic lumbar radiculitis, bilateral shoulder rotator cuff repair, right shoulder residuals and frozen shoulder and recurrent fall and rotator cuff tear. Treatment to date has included multiple surgeries, physical therapy, home assistance and pain management. A progress note dated May 8, 2015 provides the injured worker complains of neck, right shoulder and left knee pain. She reports Opana has worked better than Oxycontin for pain relief. Physical exam notes she appears chronically ill and in pain. There is cervical tenderness on palpation. The right shoulder is frozen and the left knee is tender on palpation with warmth to touch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Remaining DME rental of Vascuthern CTU for (14) days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS: Pages 27, 2010 Revision, Web Edition, Official Disability Guidelines (ODG): Chapter Shoulder, Web Edition.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder.

Decision rationale: CA MTUS/ACOEM is silent on the issue of continuous flow cryotherapy with compression for deep vein thrombosis prophylaxis for shoulder surgery. ODG Shoulder states cold compression devices are not recommended in the shoulder due to lack of clinical evidence of efficacy. In this case, the request is for a treatment not recommended. Based on this it is not medically necessary.