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| Case Number: | CM15-0128220 | | |
| Date Assigned: | 07/15/2015 | Date of Injury: | 08/01/2014 |
| Decision Date: | 08/11/2015 | UR Denial Date: | 06/02/2015 |
| Priority: | Standard | Application Received: | 07/03/2015 |

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 is a 51 year old male, who sustained an industrial injury on August 1, 2014. He reported right shoulder pain. Treatment to date has included medication, x-rays, MRI, steroid injection, physical therapy and surgery. Currently, the injured worker complains of right shoulder pain rated at 6-10 on 10. The severe pain is intermittent and sharp associated with a pop in his shoulder and is relieved with another pop. He reports increased shoulder pain when he is at work. He is diagnosed with right shoulder pain, right shoulder impingement syndrome and right rotator cuff partial tear. His work status is temporary total disability. A note dated January 19, 2015 states the injured worker did not experience efficacy from physical therapy, anti-inflammatory medications provided minimal relief and he experienced pain relief from the steroid injection for approximately two weeks. A note dated April 24, 2015 states there is tenderness over the right shoulder, a decreased range of motion and impingement test(s) were positive. A cold and compression unit (30-day rental) with shoulder pad (purchase) for the right shoulder and right shoulder brace (purchase) is requested for post-operative care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold and compression unit 30 day rental with shoulder pad purchase for the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter/Cold Compression Therapy Section.

Decision rationale: Per the Post-Surgical Treatment Guidelines, the post-surgical physical medicine treatment period for rotator cuff syndrome/Impingement syndrome is 6 months. The injured worker remains in the post-surgical treatment period at this time. The MTUS Guidelines do not address the use of cold compression therapy for the shoulder. The ODG does not recommend the use of cold compression therapy for the shoulder as there are no published studies, therefore, the request for cold and compression unit 30 day rental with shoulder pad purchase for the right shoulder is not medically necessary.

Right shoulder brace purchase for the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213, Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: Per the Post-Surgical Treatment Guidelines, the post-surgical physical medicine treatment period for rotator cuff syndrome/Impingement syndrome is 6 months. The injured worker remains in the post-surgical period at this time. Per MTUS guidelines, the brief use of a sling for (1 to 2 days), with control pendulum exercises to prevent stiffness in cases of rotator cuff conditions is recommended. Three weeks use, or less, of a sling after an initial shoulder dislocation and reduction. In this case, the injured worker is at least 8 weeks out from arthroscopic surgery to correct a partial rotator cuff tear/impingement syndrome. The request for right shoulder brace purchase for the right shoulder is not medically necessary.