MAXIMUS Federal Services

Case Number:	CM15-0128970		
Date Assigned:	07/20/2015	Date of Injury:	11/30/2013
Decision Date:	08/13/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	07/02/2015

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 is a 52 year old male, who sustained an industrial injury on 11/30/13. Initial complaints were not reviewed. The injured worker was diagnosed as having cervical spine disc protrusions C2-C7; cervical spine bilateral neuroforaminal stenosis; thoracic spine sprain/strain; lumbar spine disc protrusion L3-S1; lumbar central canal stenosis; right shoulder partial thickness tear supraspinatus tendon, subacromial tendinosis, acromioclavicular osteoarthritis impingement right shoulder; left shoulder subacromial tendinosis, acromioclavicular osteoarthritis impingement; bilateral carpal tunnel syndrome. Treatment to date has included physical therapy; medications. Diagnostics studies included EMG/NCV study upper extremities (2/20/15); MRI lumbar spine (2/9/15); MRI cervical spine (1/9/15). Currently, the PR-2 notes dated 3/10/15 indicated the injured worker complains of continued constant slight to intermittent moderate and occasionally severe pain in the neck with radiation down the upper extremities to the hands with numbness and tingling, right greater than left. He reports to have continuous pain between the shoulder blades and it increases with lifting, pushing and prolonged sitting. He complains of constant right shoulder pain and it increases with overhead motion, pushing and pulling. He has difficulty lying on his right side. The MRI of the lumbar spine dated 1/9/15 is documented with the impression of a 3.3mm disc protrusion at L3-4 with facet hypertrophy causing central and bilateral neuroforaminal narrowing. At L4-5, there is a 3/5mm disc protrusion, ligamentum flavum hypertrophy and facet hypertrophy causing bilateral neuroforaminal narrowing. There is an annular fissure. At L5-S1 there is a 3.5mm disc protrusion, facet and ligamentum flavum hypertrophy causing marked spinal canal and bilateral

neuroforaminal narrowing. The MRI's of the right and left shoulders dated 1/9/15 indicated a partial thickness tear of the supraspinatus tendon, acromioclavicular osteoarthritis bilaterally. On the right is also noted impingement due to the osteoarthritis. On the left shoulder, a small subchondral cyst at the humeral head is noted. The provider completed a physical examination and notes the right shoulder has limited range of motion. The Neer's, Hawkin's and apprehension test are positive He is very guarded with tenderness at the cuff expanse and there is crepitus noted. The provider discussed the treatment plan with the injured worker and it was decided to go ahead with the right shoulder arthroscopy. The provider is requesting authorization of post- operative cold therapy unit rental for 2 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op cold therapy unit rental for 2 weeks: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter and pg 10.

Decision rationale: According to the guidelines, continuous cryotherapy after shoulder surgery is recommended for up to 7 days. In this case, the claimant was undergoing shoulder arthroscopy. The request was for 14 days of the cold therapy init which exceeds the guideline recommendations and is not medically necessary.