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| Case Number: | CM15-0171956 | | |
| Date Assigned: | 09/14/2015 | Date of Injury: | 05/05/2011 |
| Decision Date: | 10/14/2015 | UR Denial Date: | 08/28/2015 |
| Priority: | Standard | Application Received: | 09/01/2015 |

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 58 year old, female who sustained a work related injury on 5-5-11. The diagnoses have included right shoulder impingement syndrome, right shoulder rotator cuff tendinopathy and right shoulder rule out rotator cuff tear versus labral pathology. Treatments have included corticosteroid injections x 2 (some benefit) and oral medications. Medications she is currently taking are Norco and Mobic. In the progress notes dated 6-10-15, the injured worker reports right shoulder pain that radiates into her right arm and to the right side of neck. She rates this pain level a 9 out of 10. She reports "significant" weakness of her right shoulder and has trouble getting right arm raised. On physical exam, she has tenderness to palpation over the anterior aspect of the right shoulder. She has tenderness of greater tuberosity. Right shoulder range of motion is decreased. Neer impingement, Hawkins Impingement and external rotation-abduction tests are all positive. MRI scan of right shoulder dated 12-13-13, as noted in progress notes, "indicates mild supraspinatus tendinosis, There is mild infraspinatus tendinosis. There is mild acromioclavicular osteoarthritis with small osteophyte formation and minimal marrow edema about the degenerative acromioclavicular joint." She is not currently working. The treatment plan includes recommendations for a repeat MRI of right shoulder, for physical therapy sessions to right shoulder and a request for an office visit. The Utilization Review, dated 8-28-15, the surgical procedure on right shoulder has being recommended and the request for a cold therapy machine purchase has been modified to use of a cold therapy for seven days after surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy unit: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic).

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 cold therapy units are not recommended for the shoulder unlike other body parts. In this case, the claimant had rotator tendonopathy, arthritis and impingement syndrome. The surgical procedure was no yet completed. Cold packs may be appropriate but the cold therapy unit is not justified and not medically necessary.