

Case Number:	CM15-0173198		
Date Assigned:	09/15/2015	Date of Injury:	03/21/2014
Decision Date:	10/14/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/02/2015

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: North Carolina
 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 59 year old female who sustained an industrial injury on 03-21-2014. Current diagnoses include rotator cuff rupture-complete right, impingement syndrome shoulder-right, and pain in shoulder joint-right. Report dated 06-12-2015 noted that the injured worker presented with complaints that included ongoing right shoulder pain with numbness and tingling to the right arm and fingers. Pain level was 8 out of 10 on a visual analog scale (VAS). Physical examination performed on 06-12-2015 revealed pain with passive range of motion, decreased rotator cuff strength, and 80% range of motion. Previous treatments included medications and surgical intervention on 08-21-2015. The treatment plan included awaiting authorization for right rotator cuff repair, continue to request authorization for right rotator cuff repair, and request peer to peer. Request for authorization dated 08-18-2015, included requests for Thermacure compression therapy (30 days) and Thermacure pad (indefinite use). The utilization review dated 09-02-2015, non-certified the request for Thermacure compression therapy (30 days) and Thermacure pad (indefinite use).

IMR ISSUES, DECISIONS AND RATIONALES

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

Thermacure Compression Therapy (Days) Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The ACOEM and the California MTUS does not address the requested service. The ODG does not recommend compression therapy after shoulder surgery such as the patient's surgical procedure of rotator cuff repair due to the low incidence of DVT post upper extremity surgery. The patient has no documented risk factors or hematologic disorders that would place them at increased risk. Therefore, the request is not medically necessary.

Thermacure Pad (Indefinite Use): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ACOEM does recommend the at home local application of cold packs the first few days after injury and thereafter the application of heat packs. The Official Disability Guidelines section on cryotherapy states: Recommended as an option after surgery but not for nonsurgical treatment. The request is for post surgical use, but the ODG places a finite period of time (7 days) that is recommended for use after surgery. The request is in excess of this period and therefore is not medically necessary.