

Case Number:	CM15-0175389		
Date Assigned:	09/16/2015	Date of Injury:	05/19/2014
Decision Date:	10/19/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	09/04/2015

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 46 year old female, who sustained an industrial injury on May 19, 2014. She reported injury to her neck, right shoulder and low back. The injured worker was diagnosed as having cervical sprain and strain, thoracic sprain and strain, lumbar sprain and strain and left sacroiliac joint arthropathy. Treatment to date has included extracorporeal shockwave treatment, surgery, diagnostic studies, physical therapy, activity modification, cortisone injection and medication. On June 24, 2015, the injured worker complained of right shoulder pain rated as a 9 on a 1-10 pain scale. Notes stated that authorization was pending for right shoulder surgery. On July 30, 2015, the injured worker complained of pain in her neck and back rated as an 8 on a 1-10 pain scale. She stated that the pain remained unchanged from a prior visit. Her current medication was noted to be "mildly" helpful. Treatment recommendations included left sacroiliac joint rhizotomy-neurolysis, non-strenuous aerobic activity as tolerated, weight loss program, random urine drug screening and follow-up visit. On August 6, 2015, utilization review modified a request for a post-op ice machine rental for seven days for the right shoulder to post-op ice machine usage for seven days for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Op Ice Machine Rental for 7 days, Right Shoulder: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines, Shoulder Chapter.

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 and for a 7-day period of time. Therefore, the request is medically necessary.