

Case Number:	CM15-0065083		
Date Assigned:	04/13/2015	Date of Injury:	04/19/2013
Decision Date:	06/01/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/06/2015

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 52-year-old female with an industrial injury date of 04/01/2013. Her diagnoses included rotator cuff tear, left shoulder; impingement syndrome, left shoulder; biceps tendonitis, left shoulder and acromioclavicular joint arthritis, left shoulder. Prior treatment included a wrist brace, physical therapy for left hand and left shoulder, diagnostics and medications. She presents on 03/05/2015 with complaints of left shoulder pain. She rates the pain at rest as 7 on a 0-10 scale. She rates her pain with activity as a 9. Pain decreases with medication, rest, ice, heat and lying down. She also complained of left hand pain. Physical examination of the left shoulder revealed tenderness with spasm. Range of motion was decreased. The provider documents there were findings from MRI of left shoulder dated 12/09/2013 that were concerning for a focal full thickness rotator cuff tear. Treatment plan included surgery and associated services to include labs, medication, shoulder brace, post-operative physical therapy and cold compression unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative ARC (Abduction & Rotation Control) Brace, Cold Compression Unit X 21 Days, For The Left Shoulder As Outpatient: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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 this is recommended for use after surgery. The request is in excess of this time period. Also the ODG does not recommend cryotherapy post shoulder surgery. Therefore the request is not certified. Therefore, the requested treatment is not medically necessary.