

Case Number:	CM15-0068157		
Date Assigned:	04/15/2015	Date of Injury:	08/22/2013
Decision Date:	05/14/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/10/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

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 was a 54 year old male, who sustained an industrial injury, August 22, 2013. The injury was sustained by work related injury. The injured worker was breaking and missed the kingpin on the downward swing and sustained injuries to neck, upper back, mid back, lower back and shoulder. The injured worker received the following treatments in the past: physical therapy, left shoulder MRI and right shoulder MRI. The injured worker was diagnosed with right shoulder large full-thickness rotator cuff tear, left shoulder small full-thickness rotator cuff tear, lumbosacral disc bulging and possible left inguinal hernia. According to progress note of February 3, 2015, the injured worker's chief complaint was bilateral shoulder pain. The physical exam noted tenderness over the bilateral shoulder area with palpation. There was crepitus noted on the right and negative on the left. The Neer's and Hawkin's impingement sign were positive for pain, more on the right than the left. The treatment plan included one cold therapy unit and one shoulder immobilizer, abductor pillow and an exercise ball for post-operative care after right shoulder surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

One cold therapy unit including pads and strips: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 195-224.

Decision rationale: This injured worker has chronic pain with upcoming/anticipated surgery. During the acute to sub-acute phases of surgery for a period of 2 weeks or less, physicians can use passive modalities such as application of heat and cold for temporary amelioration of symptoms and to facilitate mobilization and graded exercise. In this case, there is no documentation of inflammation. Also, it is not clear why the application of ice packs cannot be used instead of a cold therapy unit. The medical necessity for a cold therapy unit including pads and strips is not substantiated in the records. Therefore, the request is not medically necessary.

One shoulder immobilizer including ABD pillow and exercise ball: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 195-224.

Decision rationale: The guidelines state that a sling for immobilization may be used briefly to prevent stiffness in cases of rotator cuff conditions. However, in this case, the plan is for immobilization post surgery with an ABD pillow and exercise ball. The notes also request physical therapy post-operatively which will be difficult to complete if the shoulder is immobilized. The records do not support the rationale for the use of immobilization, ABD pillow and exercise ball. Therefore, the request is not medically necessary.