

Case Number:	CM15-0069423		
Date Assigned:	04/17/2015	Date of Injury:	04/28/2014
Decision Date:	05/28/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/13/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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:

This 33-year-old female sustained an industrial injury to the neck, back and right shoulder on 4/28/14. Previous treatment included magnetic resonance imaging, physical therapy, acupuncture, injections and medications. In a PR-2 dated 1/19/15, the injured worker complained of residual right shoulder pain. The injured worker reported that right shoulder injection had helped for about two weeks. Physical exam was remarkable for tenderness to palpation to the right biceps and subacromial with positive impingement test. Current diagnoses included cervical spine sprain/strain, thoracic spine sprain/strain and right shoulder tendinitis. The treatment plan included right shoulder decompression bursectomy. The injured worker underwent right shoulder surgery on 3/25/15. On 3/26/15, a request for authorization was submitted for post-operative purchase of hot/cold therapy unit, shoulder rehabilitation kit and an Ultra Sling.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME Hot/Cold Therapy Unit with Pad/Wrap: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 43-49, pages 253-278.

Decision rationale: While the literature is limited, the ACOEM Guidelines in general support the use of heat and cold packs before and after exercise if it improves the worker's function. The submitted and reviewed records indicated the worker was experiencing right shoulder pain. The worker had a shoulder arthroscopy on 03/25/2015. There was no discussion detailing how the worker would benefit from this therapy, describing improved function with its use on a trial basis, or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a hot and cold wrap for the right shoulder is not medically necessary.