

Case Number:	CM15-0072175		
Date Assigned:	04/22/2015	Date of Injury:	10/09/2014
Decision Date:	05/20/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/15/2015

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 is a 60 year old male, who sustained an industrial injury on October 9, 2014, injuring his left arm and upper back after lifting a heavy garbage can over his head. He was diagnosed with left shoulder rotator cuff tear, and osteomyelitis of the left shoulder. Treatment included anti-inflammatory drugs, pain medications, work restrictions and exercises. Currently, the injured worker complained of chronic left shoulder pain. The treatment plan that was requested for authorization included a cold therapy unit for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy unit left shoulder Qty 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Shoulder.

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

Decision rationale: During the acute to subacute 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 and the cold therapy unit is for the current state not a post surgical state. 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 is not substantiated in the records. The request is not medically necessary.