

Case Number:	CM15-0072894		
Date Assigned:	04/23/2015	Date of Injury:	04/22/2013
Decision Date:	06/29/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/16/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 47-year-old female who sustained an industrial injury on 4/22/13 due to cumulative trauma resulting in right upper extremity and bilateral wrist and hand symptoms. Of note, the injured worker has had prior low back injury twenty years ago, with resolution of symptoms and right shoulder and bilateral wrists/ hands injury in 2008 with eventual resolution of symptoms. She currently complains of bilateral hand pain (6-7/10), right shoulder (6-7/10) and right elbow pain (5-7/10). She has sleep difficulties due to pain. Medications are Lidopro cream and naproxen. Diagnoses include right shoulder bursitis and impingement; right shoulder acromioclavicular arthrosis; right elbow lateral epicondylitis; bilateral carpal tunnel syndrome. Treatments include wrist braces, which afford good relief, topical medication very effective, ice, physiotherapy, cervical spinal injection (4/15/14, 6/11/14) which gave relief for a few weeks and then pain returned. Diagnostics include MRI of the right and left wrists (3/17/14) abnormal; MRI of the right and left hand (3/17/14) unremarkable; right shoulder MRI (11/6/13) abnormal; electrodiagnostic studies (11/4/13) mild bilateral carpal tunnel syndrome. In the progress note dated 3/11/15 requests follow up post surgery with orthopedics; one sling; post-operative physical therapy for the left shoulder, 12 visits and three week rental of ice therapy-cold compression therapy for post operative pain and swelling.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-Up Visit with an Orthopedic Surgeon: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: MTUS Guidelines consider up to 6 months as a reasonable post-operative period for the propose surgery. During this time period periodic follow up visits with the surgeon are considered medically necessary and are included in the global surgical fee. A follow up visit with an orthopedic surgeon is supported by Guidelines. Therefore, the request is medically necessary.

One Sling: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine - MedlinePlus (www.nlm.nih.gov/medlineplus).

Decision rationale: Guidelines do not address this specific issue, but it is standard care for judicious use of a sling s/p shoulder surgery. Standardized postoperative care instructions for the shoulder include the appropriate use of a shoulder sling. Therefore, the request is medically necessary.

Cold Compression Therapy Unit (3-week rental): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Continuous Cooling, Cold Compression Unit.

Decision rationale: MTUS Guidelines do not address this issue. ODG Guidelines address this issue in detail. The Guidelines do not recommend compression therapy for the shoulder. The Guidelines do support limited use (up to 7 days post op) of a continuous cooling unit without compression. This request is not Guideline supported due to the type of unit requested and the length of use recommended. There are no unusual circumstances to justify an exception to Guidelines. The 3 weeks rental of a cold compression therapy unit is not supported by Guidelines. Therefore, the request is not medically necessary.

Post-Operative Physical Therapy (12-sessions): Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: MTUS Guidelines support the requested post-operative physical therapy. The Guidelines allow for the requested therapy during the postoperative period. Therefore, the request is medically necessary.