

Case Number:	CM15-0079073		
Date Assigned:	04/30/2015	Date of Injury:	08/30/2010
Decision Date:	07/01/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/24/2015

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: Florida
 Certification(s)/Specialty: Neurology, Pain Management

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 41 year old male, who sustained an industrial injury on August 30, 2010. The injured worker has been treated for right shoulder and elbow complaints. The diagnoses have included medial epicondylitis, right shoulder labral tear, right cubital tunnel syndrome, cervical degenerative disc disease, ulnar neuritis, frozen right shoulder status post manipulation and lysis of adhesion, chronic pain syndrome, depression and sleep disorder. Treatment to date has included medications, radiological studies, injections, physical therapy, a transcutaneous electrical nerve stimulation unit, psychiatric assessment, trigger point injections, elbow surgery and right shoulder surgery. Current documentation dated April 1, 2015 notes that the injured worker reported neck pain, and right shoulder and elbow pain. Physical examination revealed tenderness of the right shoulder and right trapezius region. The injured worker was noted to have multiple trigger points along the trapezius muscles on the right greater than the left side. He also had tenderness along the right medial and lateral epicondyle with a positive Tinel's sign at the elbow. The treating physician's plan of care included a request for a Polar Care Unit rental, shoulder immobilizer and the medications Augmentin and Zofran.

IMR ISSUES, DECISIONS AND RATIONALES

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

Polar Care Unit 1-21 Day 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), shoulder (acute and chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - shoulder, diathermy.

Decision rationale: Hot/Cold compression unit as a form of cryotherapy is supported after shoulder surgery, but the medical records report a prior history of shoulder surgery and no current surgery. The medical records do not indicate findings supporting of extenuating circumstances to support this treatment for the insured. As such the polar care unit is not supported based on the medical records provided for review. The request is not medically necessary.

Shoulder Immobilizer: 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), shoulder (acute and chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - pain, joint brace.

Decision rationale: The medical records do not indicate shoulder instability or other current planned surgery. ODG does not support brace in absence of demonstrated joint instability. As such the medical records provided for review do not support medical necessity of shoulder support. The request is not medically necessary.

Augmentin 875 mg #20: 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 Physician desk reference - augmentin.

Decision rationale: The medical records report shoulder pain but does not indicate the presence of infection. Antibiotic use is for use of bacterial infection. As the records do not indicate infection, the use of augmentin is not supported. The request is not medically necessary.

Zofran 8 mg #20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National guideline clearinghouse.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician desk reference - Ondansetron is used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. It is in a class of medications called 5-HT3 receptor antagonists and works by blocking the action of serotonin, a natural substance that may cause nausea and vomiting.

Decision rationale: The medical records do not support ondansetron for nausea related to medication. Ondansetron is supported in relation to cancer treatment condition. As the medical records do not indicate such condition, the treatment is not supported in this setting. The request is not medically necessary.