

Case Number:	CM15-0094940		
Date Assigned:	05/21/2015	Date of Injury:	11/06/2013
Decision Date:	06/30/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/18/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51 year old male, who sustained an industrial injury on 11/6/13. He has reported initial complaints of a fall and striking the head. The diagnoses have included discogenic cervical condition with facet inflammation, shoulder girdle involvement and headaches, status post -concussion, right shoulder impingement, ulnar nerve neuritis on the right, and carpal tunnel syndrome on the right, stress, depression, anxiety and insomnia. Treatment to date has included medications, activity modifications, surgery, diagnostics, physical therapy, cognitive behavioral therapy, other modalities and home exercise program (HEP). Currently, as per the physician progress note dated 4/1/15, the injured worker had surgical intervention of the shoulder on 5/15/14 with post- operative physical therapy. He has seen the neurologist regarding his headaches and it is felt that they are coming from a concussion and the neck. It is noted that he has stopped working since 3/12/14. He can lift more than 10 pounds with the right hand, he is able to do dishes, and he avoids overhead activity and cannot sleep on the right arm and uses the left hand to raise the right arm overhead. He states that the hot and cold wrap is worn out. He also complains of sleeping difficulties, stress and depression. The objective findings reveal that abduction is about 120 degrees and he has to use the other arm to raise it. There is tenderness along the rotator cuff. The Hawkins test is positive, impingement sign is positive and he has grade 5- strength to external rotation and abduction. It is noted that there is Tinel at the elbow as well as at the wrist and the strength at the shoulder is improved from the last time. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the neck that the physician notes in the progress note reveals disc changes with facet changes and fusion with progression of disease. He also notes that the nerve studies were unremarkable. The physician notes that the Magnetic Resonance Imaging (MRI)

of the elbow dated 8/5/14 revealed a partial tear along the medial and lateral epicondylar surfaces and partial lack of potential in the triceps tendon along the medial olecranon. The previous therapy sessions were noted in the records. The physician requested treatment included Hot and cold wrap for unknown shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot and cold wrap for unknown shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 173, 203, Chronic Pain Treatment Guidelines Page(s): 68, 78, 120, 604. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, wrist and hand, cold packs, heat therapy; Neck, pillow.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder, Cold packs; Forearm, Wrist and Hand, Heat therapy, Cold packs & Exercises.

Decision rationale: The patient presents with pain in the right side of the neck, shoulder, scapula and down the right upper extremity. The current request is for hot and cold wrap for the right shoulder. The treating physician's plan of care on 4/8/15 (19B) outlines a plan for skilled physical therapy in conjunction with a home exercise program utilizing hot and cold packs as a therapeutic procedure for the right shoulder. ODG states the following for cold packs and heat therapy: "Recommend at-home local applications of cold packs first few days of acute complaints; thereafter, applications of heat therapy." For exercise it states: "Recommended. Instruction in proper exercise technique is important, and a few visits to a good physical therapy provider can serve to educate the patient about an effective exercise program. Patients' at-home applications of heat or cold packs may be used before or after exercises and are as effective as those performed by a therapist." In this case, the treating physician has specifically documented a plan of care for rehabilitation and therapeutic treatment for the patients right shoulder pain that includes hot and cold wraps. The current request is medically necessary.