

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/24/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/2/2013
Date of Injury: 7/13/2010
IMR Application Received: 8/14/2013
MAXIMUS Case Number: CM13-0010463

DEAR Law Offices Of [REDACTED],

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from (Claims Administrator)
- Medical Treatment Utilization Schedule (MTUS)

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 34-year-old male who reported an injury on 07/13/2010 when while pulling a heavy bag off a conveyor belt he injured his right shoulder and neck. The patient is noted to have treated conservatively with a course of therapy, acupuncture, as well as right shoulder surgery in 03/2011. He is reported to continue to complain of ongoing pain throughout the day with numbness, tingling, and radiating pain from his neck to his right shoulder involving his entire arm. The patient is noted to have decreased range of motion of the right shoulder with tenderness over the subacromial bursa and positive impingement signs. The patient was referred for physical therapy. On 09/05/2013, the patient was reported to be making slow and steady progress with therapy, but reported loss of motion, weakness, and some discomfort. The patient is note don physical exam to have forward flexion to 110 degrees, internal rotation to the iliac crest, and manual muscle testing noted 4-/5 strength of the right shoulder.

IMR DECISION(S) AND RATIONALE(S)

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

1. Purchase of cold therapy unit with equipment and patient teaching is not medically necessary and appropriate.

The Claims Administrator based its decision on the Official Disability Guidelines, Continuous-flow cyotherapy, which is not part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on Official Disability Guidelines (ODG), Shoulder (Acute & Chronic) Chapter, Continuous-flow cryotherapy.

The Physician Reviewer's decision rationale:

The patient is a 34-year-old male who reported an injury to his right shoulder on 07/13/2010. He is noted to have treated conservatively without improvement and to have undergone a previous right shoulder surgery in 2011 with continued complaints of ongoing right shoulder pain, decreased range of motion, decreased strength, and positive impingement sign. The patient is noted to have undergone a diagnostic operative arthroscopy with subacromial decompression, acromioplasty, resection of the coracoacromial ligaments, extensive subacromial and subdeltoid bursectomy, glenohumeral synovectomy, chondroplasty, and debridement, distal clavicle resection, debridement of the labrum, debridement of partial rotator cuff tear, and lysis of adhesions on 07/12/2013. A request was submitted for a cold therapy unit with equipment and patient teaching. The California MTUS Guidelines do not address the request. The Official Disability Guidelines recommend the use of continuous-flow cryotherapy as an option after surgery for generally up to 7 days including post-op home use as cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage. Although a 7 days rental of a continuous-flow cryotherapy unit with purchase of equipment and patient teaching would be indicated, the request for purchase of a unit does not meet guideline recommendations. Based on the above, the requested purchase of a cold therapy unit with equipment and patient teaching is not medically necessary or appropriate.

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]

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