

Case Number:	CM13-0005260		
Date Assigned:	04/09/2014	Date of Injury:	05/24/2012
Decision Date:	05/20/2014	UR Denial Date:	07/11/2013
Priority:	Standard	Application Received:	07/30/2013

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. The expert reviewer is Board Certified in Occupational Medicine 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 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant has filed a claim for chronic shoulder pain reportedly associated with an industrial contusion injury of May 24, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; MRI imaging of the shoulder of June 19, 2013, notable for the absence of any discrete rotator cuff or labral tears; and unspecified amounts of physical therapy over the life of the claim. The file was surveyed. There was no evidence that the applicant in fact underwent the contested shoulder surgery. In a handwritten note of July 29, 2013, the applicant was described as reporting persistent shoulder pain. The applicant was given a presumptive diagnosis of left shoulder acromioclavicular joint arthritis. Authorization for the shoulder arthroscopy, subacromial decompression, postoperative physical therapy, medical clearance, sling, and continuous-flow cryotherapy device were sought while the applicant is placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

COLD THERAPY UNIT RENTAL FOR 14 DAYS: 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), Continuous-Flow Cryotherapy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation ODG, Shoulder Chapter, Continuous-Flow Cryotherapy.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines, applications of heat and cold packs can be used before or after exercises. Thus, ACOEM suggests simple, low-tech at-home applications of heat and cold performed by applicants themselves as opposed to the more elaborate continuous-flow cryotherapy device/cold therapy unit rental being sought by the attending provider which, per the ODG Shoulder Chapter, should be reserved for postoperative use during the seven days immediately after shoulder surgery. In this case, there is no indication or evidence that the applicant underwent the contested shoulder surgery. Therefore, the request is not medically necessary.