

Case Number:	CM13-0007389		
Date Assigned:	08/26/2013	Date of Injury:	08/24/2012
Decision Date:	01/24/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/05/2013

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 PM&R, has a subspecialty in Interventional Spine 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. 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 patient is a 43 YO, F with a date of injury on 8/24/12. The progress report, dated 7/2/13 by [REDACTED], noted that the patient continued with right shoulder pain. Exam demonstrates she has positive Neer's and Hawkins signs for impingement. The patient's diagnoses include: right shoulder impingement syndrome; right shoulder rotator cuff tendinitis; right shoulder biceps tendinitis. A request was made for the patient to undergo right shoulder arthroscopic subacromial decompression, synovectomy, and debridement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold compression therapy unit for 2 weeks rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee and Leg Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The progress report, dated 7/2/13 by [REDACTED], noted that the patient continued with right shoulder pain. Exam demonstrates she has positive Neer's and Hawkins signs for impingement. The patient's diagnoses include: right shoulder impingement syndrome; right shoulder rotator cuff tendinitis; right shoulder biceps tendinitis. A request was made for the

patient to undergo right shoulder arthroscopic subacromial decompression, synovectomy, and debridement. The purpose of this review is for a request for a cold compression therapy unit for a 2 weeks rental. MTUS does not discuss cold compression therapy, therefore a different guideline was reviewed. ODG states that continuous-flow cryotherapy for the shoulder is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days. The requested 2 week rental exceeds the ODG recommendation of 7 days. Therefore recommendation is for denial.