

Case Number:	CM13-0011421		
Date Assigned:	12/11/2013	Date of Injury:	05/02/2013
Decision Date:	01/31/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/15/2013

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 Physical Medicine and Rehabilitation, 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 55-year-old male who reported injury on 05/02/2013 with the mechanism of injury that indicated the patient's arm was torqued. There was a lack of documentation indicating the patient's physical examination findings. Per the submitted paperwork, the patient was noted to be scheduled to undergo a right shoulder arthroscopy, rotator cuff repair, acromioplasty, resection CA ligament and bursectomy. The request was made for a cold care unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy unit for the right shoulder: 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), Treatment in Worker's Comp, 18th Edition.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Continuous Flow Cryotherapy, Online Version.

Decision rationale: Official Disability Guidelines recommend continuous flow cryotherapy for 7 days postoperatively including home use. The clinical documentation submitted for review

failed to provide documentation of notes of physical examination findings and note of certification for the surgery along with any exceptional factors and it failed to support the necessity for purchase versus rental. Given the above, the request for cold therapy unit for the right shoulder is not medically necessary.