

Case Number:	CM13-0011442		
Date Assigned:	11/06/2013	Date of Injury:	05/27/2011
Decision Date:	01/27/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/14/2013

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, Ohio, and Pennsylvania. 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.

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 underlying date of injury in this case is 05/27/2011. The primary treating diagnosis is 959.9. On 07/17/2013, the patient was seen by his treating physician and was noted to have right shoulder pain with weakness. On exam, the patient had decreased range of motion with a positive drop arm test and strength of 3/5. The patient was diagnosed with a right shoulder derangement, as well as rotator cuff tear and bursitis. An initial physician review notes that this patient had already been certified for a right shoulder arthroscopy planned for 07/25/2013, and therefore this was a perspective preapproval. The prior reviewer recommended modification of a cold therapy unit rental for 7 days and certified prior use of a cold therapy unit wrap.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold Therapy Wrap unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment section, as well as the Worker's Compensation, Shoulder Guidelines.

Decision rationale: The Physician Reviewer's decision rationale: The Official Disability Guidelines/Treatment and Worker's Compensation/Shoulder states regarding continuous flow

cryotherapy, "recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use." Therefore, on a prospective basis, the guidelines would support up to a 7-day rental of a cold therapy unit and, therefore, purchase of accessories such as a cold therapy unit wrap. The medical records do not provide a rationale as to why, prospectively, this patient would be an exception and require longer use of a continuous full cryotherapy device. The request for a Cold Therapy Wrap unit is not medically necessary or appropriate.

cold therapy rental for 14 days: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment section, as well as the Worker's Compensation, Shoulder Guidelines

Decision rationale: The Physician Reviewer's decision rationale: The Official Disability Guidelines/Treatment and Worker's Compensation/Shoulder states regarding continuous flow cryotherapy, "recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use." Therefore, on a prospective basis, the guidelines would support up to a 7-day rental of a cold therapy unit and, therefore, purchase of accessories such as a cold therapy unit wrap. The medical records do not provide a rationale as to why, prospectively, this patient would be an exception and require longer use of a continuous full cryotherapy device. The request for a cold therapy rental for 14 days is not medically necessary or appropriate.