

Case Number:	CM13-0013746		
Date Assigned:	10/01/2013	Date of Injury:	05/07/2011
Decision Date:	08/08/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/19/2013

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 Emergency 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 injured worker is a 56 year-old female, who sustained an injury on May 7, 2011. The mechanism of injury occurred from a trip and fall. Diagnostics have included: November 15, 2011 right shoulder MRI which was reported as showing supraspinatus partial thickness tear. Treatments have included: July 2013 right shoulder arthroscopic subacromial decompression, physical therapy, medications. The current diagnoses are status post right shoulder arthroscopic subacromial decompression; cervical spine strain with possible cervical radiculopathy, thoracolumbar spine strain with possible lumbar radiculopathy. The stated purpose of the request for cold therapy unit with supplies was not documented. The request for cold therapy unit with supplies was denied on August 1, 2013, citing a lack of documentation of the effectiveness of a cold therapy unit over an ice bag. Per the report dated July 23, 2013, the treating physician noted that the injured worker had been authorized for a right shoulder arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME- COLD THERAPY UNIT WITH SUPPLIES: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The requested cold therapy unit with supplies is not medically necessary. The California MTUS is silent on this issue, but the ODG, Shoulder, Continuous Flow Cryotherapy, recommends up to 7 days post-op cold therapy. In a post-operative setting, cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage. The injured worker has imaging confirmation of a supraspinatus partial thickness tear to the right shoulder. The treating physician has documented had been authorized for a right shoulder arthroscopy. The treating physician did not document the duration of use of the requested cold therapy unit. The criteria noted above not having been met, cold therapy unit with supplies is not medically necessary.