

Case Number:	CM13-0016956		
Date Assigned:	03/12/2014	Date of Injury:	05/24/2012
Decision Date:	07/25/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/27/2013

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 Neurology 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 (IW) is a 35 year old right hand dominant female with a reported date of Injury of 5/24/12. The mechanism of injury is described as a fall from a ladder and landing on her right shoulder. The IW continues to report pain in the right shoulder with tenderness to palpation at the AC joint. Per the physical exam of 12/10/2012, the IW has pain and weakness with should abduction. An MRI performed on 7/6/2012 of the right shoulder indicates a near complete tear of the supraspinatus and infraspinatus tendon with AC joint arthritis. The IW has been treated initially with oral pain relievers (NSAID's and Norco) and has undergone a joint injection with cortisone in the right shoulder. The cortisone injection reportedly only provided relief for a two week period. A consultation from an orthopedic surgeon was also performed and arthroscopic surgery was recommended. The surgery request was submitted for approval in addition to the request for the use of a cold therapy unit. This request for a cold therapy unit was previously determined to be not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy unit purchase: Upheld

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

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

Decision rationale: The information provided from the ODG regarding the use of a cold therapy unit indicates it can be used as an option after surgery but not for non-surgical treatment. As the request for the use of this unit does not define a clear treatment such that the cold therapy unit will be used only postoperatively, it cannot be determined to be medically necessary. Again it is only an option after surgery, and there is no available evidence to support it is superior to standard treatment (ice packs) for recovery. In this case, the use of a cold therapy unit is not medically necessary.