

Case Number:	CM13-0018486		
Date Assigned:	10/11/2013	Date of Injury:	06/30/2012
Decision Date:	01/06/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	08/29/2013

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 Emergency Medicine and is licensed to practice in Texas. 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 39 year old female who reported an injury on 06/30/2012. The patient has diagnoses of right shoulder pain, impingment, and a SLAP(superior labral anterior and posterior) lesion. She had an arthroscopic operation on 04/18/2013 which included extensive debridement of the glenohumeral joint, subacromial space, and labrum, subacromial decompression, resection of the CA ligament and bursa, and a mini open biceps tendoesis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy unit: 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 Workers' Comp, 9th edition (web)..

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

Decision rationale: The patient has diagnoses of right shoulder pain, impingment, and a SLAP lesion. She had an arthroscopic operation on 04/18/2013 which included extensive debridement of the glenohumeral joint, subacromial space, and labrum, subacromial decompression, resection

of the CA ligament and bursa, and a mini open biceps tendoesis. Official Disability Guidelines recommend continuous-flow cryotherapy as an option after surgery, up to 7 days, in order to decrease pain, inflammation, swelling, and narcotic usage. As the request is not specified for use for only 7 days, it is not supported by guidelines. Therefore, the requested service is non-certified.