

Case Number:	CM13-0024236		
Date Assigned:	01/22/2014	Date of Injury:	10/16/2012
Decision Date:	03/25/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/13/2013

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, has a subspecialty in Interventional Spine 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:

This patient is a 42-year-old male with date of injury of 10/16/2012. Listed diagnoses per treating physician report, 08/06/2013, are right shoulder impingement, cervical spine strain, lumbar spine strain, umbilical hernia, lumbar radiculopathy verified by MRI, severe supraspinatus and infraspinatus tendinitis and arthropathy involving the acromioclavicular joint. The patient apparently will be having right shoulder surgery with [REDACTED] on 08/16/2013. There is a request for Q-Tech recovery system with wrap and rental, per report 07/24/2013. This report indicates that this system is recommended for the patient to use after surgery for 4 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Q-tech recovery system with wrap, rental 120 days: 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)

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

Decision rationale: This patient is scheduled for shoulder surgery and the treating physician has recommended a Q-Tech hot and cold continuous flow system to be used for 4 months. MTUS and ACOEM Guidelines do not discuss continuous flow cryotherapy. However, ODG Guidelines under shoulder states continuous flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days including home use. In this patient, the Q-Tech recovery system is hot and cold continuous flow system which is recommended by the treating physician for 4 months. The request of duration exceeds what is recommended by ODG Guidelines which limits its use for 7 days postoperatively. Recommendation is for denial.