

Case Number:	CM13-0025823		
Date Assigned:	01/03/2014	Date of Injury:	11/22/2012
Decision Date:	04/04/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/18/2013

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 Orthopedic Surgery, 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 is a 59-year-old female who sustained injuries to the right shoulder and cervical spine on 11/21/12. Clinical records available for review indicated the current plan was for a right shoulder arthroscopy with subacromial decompression, rotator cuff repair, and distal clavicle excision. The request was certified by the utilization review process dated 9/11/13. The specific request for this review is a post-operative request with regard to the claimant's upcoming procedure for purchase of a cryotherapy unit as well as a rental of a cryotherapy unit for a fourteen day period of time. Further clinical documentation regarding the specific post-operative request is not supportive.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold Therapy unit purchase, quantity 1: 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), TWC, ODG Treatment; Integrated Treatment/Disability Duration Guidelines, Shoulder Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Worker's Comp , 18th Edition, 2013 Updates, shoulder procedure - Continuous-flow cryotherapy.

Decision rationale: When looking at Official Disability Guidelines criteria, the request for purchase of a cryotherapy device would not be indicated. Official Disability Guidelines only recommend the role of cryotherapy devices in the post-operative setting for up to seven days including home use. Based upon the limited time recommended for use of a cryotherapy unit, the purchase of the above device per clinical guidelines criteria would, thus, not be indicated.

Cold therapy unit rental (per day) quantity 14: 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), TWC, ODG Treatment; Integrated Treatment/Disability Duration Guidelines, Shoulder Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates, shoulder procedure, Continuous-flow cryotherapy.

Decision rationale: The specific request for a fourteen day rental of the above device also would not be indicated given guidelines criteria cited above. Official Disability Guidelines, as stated, only support the role of a cryotherapy device for up to seven days including home use in the post-operative setting. The request for fourteen days of use as indicated by the specific request in this case is not supported.