

Case Number:	CM13-0026560		
Date Assigned:	11/22/2013	Date of Injury:	01/15/2013
Decision Date:	02/13/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/19/2013

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:

The patient is a 67-year-old female who underwent operative intervention on 08/27/13 consisting of a left shoulder arthroscopic rotator cuff repair. Records were reviewed. The request was for a seven day rental of a game ready unit, which is a combination cold compressive unit and heat therapy device.

IMR ISSUES, DECISIONS AND RATIONALES

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

Game Ready Rental times 7 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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, Compression Cold Therapy.

Decision rationale: MTUS Guidelines do not address this issue. Official Disability Guidelines allow for the use of cryotherapy units in the seven day period postoperatively however they do not recommend combination units such as Game Ready. The request is for a combination unit (cold and compression therapy) and as such this cannot be recommended as medically necessary as there is a lack of peer reviewed literature to support its efficacy.

