

Case Number:	CM13-0032220		
Date Assigned:	12/04/2013	Date of Injury:	12/20/2012
Decision Date:	01/23/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/07/2013

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 claimant is a 49-year-old female who was injured in a work related accident on December 20, 2012. The clinical records available for review indicate that she was injured due to repetitive overhead lifting sustaining a strain to her shoulder. Records indicate that despite conservative care that included splinting, ibuprofen, bracing, physical therapy and work restrictions, a July 15, 2013 request for manipulation under anesthesia to the shoulder was supported. A recent follow up of December 4, 2013 with [REDACTED] indicated the claimant is now six weeks following a right shoulder subacromial decompression, distal clavicle excision and debridement stating she is 60% improved from preoperative assessment. Continuation of physical therapy was recommended at that time. There were recommendations for rental or purchase of a cryotherapy device for an unspecified period of time following the shoulder procedure in question.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rental or purchase of one (1) cold therapy unit for an unspecified time period: 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), Shoulder Section, Cryotherapy.

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

Decision rationale: California MTUS Guidelines are silent. When looking at Official Disability Guideline criteria, cryotherapy device for the shoulder would be indicated. Records do not indicate timeframe for use of the device and it is also unclear as to whether or not it was for rental or purchase. Cryotherapy devices following shoulder procedures are recommended up to seven days including home use, but are not supported for longer periods of time or for purchase. The absence of documentation of time period for rental fails to necessitate its use in the claimant's postoperative course of care.