

Case Number:	CM13-0035054		
Date Assigned:	12/13/2013	Date of Injury:	12/21/2011
Decision Date:	02/06/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/16/2013

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 Internal Medicine and Cardiology, has a subspecialty in Fellowship trained in Cardiovascular Disease 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.

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 36-year-old female who reported a work-related injury on December 21, 2011, specific mechanism of injury not stated. Subsequently, the patient had a fall in November 2011 with arms outstretched, and injured her right shoulder. The patient had undergone right shoulder arthroscopy and distal clavicle excision acromioplasty in September 2012 with the subsequent fall in November 2012. The clinical notes currently document the patient is again a surgical candidate for right shoulder symptomatology. Clinical note dated November 18, 2013 reports the patient was seen postoperative to the right shoulder arthroscopy, capsular release, and lysis of adhesions under the care of [REDACTED]. The provider documents the patient's incisions were healing well and there were no signs or symptoms of infection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy unit x 7 days: Overturned

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 Complaints.

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

Decision rationale: The current request is supported. The clinical documentation submitted for review indicates the patient underwent surgical interventions to the right shoulder on November 11, 2013. The patient underwent arthroscopy with extensive debridement of the superior labrum, lysis of adhesions, and posterior capsular release. Official Disability Guidelines reports continuous-flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days. Given the above, the request for cold therapy unit x7 days is medically necessary and appropriate.