

Case Number:	CM13-0036197		
Date Assigned:	12/13/2013	Date of Injury:	06/16/2010
Decision Date:	03/12/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/18/2013

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 Neurology, has a subspecialty in Neuromuscular Medicine 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:

██████████ is a 57 year old man who sustained work related injury on June 16 2010. He subsequently developed with chronic left shoulder pain that improved with cortisone injection. He has a history of a previous left ulnar nerve transposition. According to a note dated on May 8 and July 29, 2013, his physical examination demonstrated reduced strength in left elbow flexor and extensor, tenderness in the left elbow and shoulder and limited range of motion of the left elbow. He is MRI of the left elbow and shoulder performed on 2011 demonstrated distal clavicular spur and degeneration of the acromioclavicular joint. The patient was treated with physical therapy, pain medications and injections. The provider requested authorization to use durable medical equipment, cold flow therapy for left shoulder, left elbow pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable medical equipment - cold flow therapy rental - 21 days (left shoulder and left elbow): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Other Clinical protocol

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

Chapter, Durable Medical Equipment section,
(www.worklossdatainstitute.verioiponly.com/odgtwc/knee.htm).

Decision rationale: MTUS guidelines are silent regarding the use of Durable medical equipment for cold flow therapy. According to ODG guidelines, cryotherapy is recommended up to 7 day's post op including home therapy. There is no documentation in the patient record that the patient had surgery and there no documentation for intention for surgery. Therefore, the prescription of Durable medical equipment - cold flow therapy rental - 21 days (left shoulder and left elbow) is not medically necessary.