

Case Number:	CM13-0036365		
Date Assigned:	12/13/2013	Date of Injury:	12/03/2007
Decision Date:	02/17/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/21/2013

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 Physical Medicine and Rehabilitation 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 61-year-old female who reported an injury on December 03, 2007. The patient had MRI evidence of bursitis and mild edema of the fibers of the supraspinatus tendon. The patient is noted to have been authorized for a distal clavicle resection, debridement, and acromioplasty. Postoperatively, the patient was recommended for a Donjoy Iceman Clearcube, and pad for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Donjoy Iceman Clearcube and pad for the right shoulder: 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);

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

Decision rationale: The California MTUS/ACOEM Guidelines do not specifically address postoperative use of a continuous cryotherapy unit. However, the Official Disability Guidelines recommend a 7 day rental of a continuous cryotherapy unit for patients' status post right shoulder surgical intervention. The documentation submitted for review does not include the duration of

the proposed cryotherapy unit. The note suggests that the request was for purchase. Given the above, the request is not medically necessary or appropriate.