

Case Number:	CM13-0040996		
Date Assigned:	12/20/2013	Date of Injury:	10/23/2012
Decision Date:	03/20/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/30/2013

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 & Rehabilitation and is licensed to practice in Illinois. 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 55-year-old female who reported an injury on 10/23/2012 secondary to repetitive lifting. The patient was diagnosed with sprain and strain of the cervical spine, impingement syndrome, status post right carpometacarpal joint arthroplasty, and rotator cuff tear on the right shoulder. The patient was evaluated on 07/23/2013. The patient continued to report persistent pain in the right shoulder. Physical examination revealed tenderness to palpation, spasm in the right trapezium, diminished range of motion, and positive impingement sign. Treatment recommendations included authorization for a right shoulder arthroscopy. The patient underwent a right arthroscopy with subacromial decompression, bursectomy, and debridement of SLAP lesion on 09/19/2013 by [REDACTED]. A prescription for durable medical equipment was then also submitted by [REDACTED] for a shoulder sling, interferential unit, and cold therapy unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy unit with pad: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter.

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, Continuous Flow Cryotherapy.

Decision rationale: Official Disability Guidelines state continuous-flow cryotherapy is recommended as an option after surgery, for up to 7 days, including home use. As per the documentation submitted, the patient is currently status post right shoulder arthroscopy. However, guidelines do not recommend purchase of a continuous-flow cryotherapy unit. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.