

Case Number:	CM13-0041833		
Date Assigned:	12/20/2013	Date of Injury:	02/09/2012
Decision Date:	05/06/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/14/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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 57-year-old gentleman who was injured in a work related accident on February 9, 2012. The clinical records for review included an operative report dated October 18, 2013 indicating the claimant underwent an arthroscopic right shoulder subacromial decompression, debridement, synovectomy, distal clavicle excision and SLAP repair. At time of the surgery, there was a request for a two week rental of a motorized cryotherapy unit for postoperative use. This review pertains to the request for postoperative use of a cryotherapy device.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWO (2) WEEK RENTAL PF A MOTORIZED COLD THERAPY UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The California MTUS and ACOEM Guidelines are silent. When looking at Official Disability Guidelines, the request for a two week rental of a cryotherapy device cannot be supported. The Official Disability Guidelines recommend the use of a cryotherapy device for a maximum of seven days including home use following shoulder procedures. The specific

request for fourteen days of use would exceed the Official Disability Guidelines and cannot be recommended as medically necessary.