

Case Number:	CM13-0048237		
Date Assigned:	12/27/2013	Date of Injury:	12/14/2012
Decision Date:	04/25/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/05/2013

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 Physical Medicine & Rehabilitation 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 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 patient is a 69-year-old male who reported an injury on 12/14/2012. The patient was reportedly injured while twisting two pipes together. The patient is diagnosed with left shoulder rotator cuff tear and labral tear as well as status post right De Quervain's release. The patient was seen on 07/08/2013. The patient reported persistent left shoulder pain and weakness. Physical examination revealed normal range of motion of bilateral wrists, 0 to 175 degree range of motion of the left shoulder, positive O'Brien's testing, and weakness. Treatment recommendations at that time included a left shoulder arthroscopy with subacromial decompression and rotator cuff repair. A request for authorization was then submitted on 10/14/2013 for a [REDACTED] cold therapy recovery system rental for 21 days. An operative note was submitted on 10/11/2013 indicated that the patient underwent left shoulder diagnostic arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE LEFT SHOULDER [REDACTED] COLD THERAPY RECOVERY SYSTEM (RENTAL) - WITH WRAP (PURCHASE) FOR 21 DAYS: 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), 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: The Official Disability Guidelines state continuous flow cryotherapy is recommended as an option after surgery. Postoperative use generally may be up to 7 days, including home use. As per the documentation submitted, the patient is status post a left shoulder diagnostic arthroscopy. However, the current request for a 21-day rental exceeds Guideline recommendations. Therefore, the request cannot be determined as medically appropriate. As such, the request for retrospective left shoulder q-tech cold therapy recovery system (rental) - with wrap (purchase) for 21 days is non-certified.