

Case Number:	CM13-0048774		
Date Assigned:	12/27/2013	Date of Injury:	02/26/2002
Decision Date:	02/27/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/06/2013

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 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 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 54-year-old who reported a work related injury on 02/26/2002. His diagnoses include cervical strain and lumbar strain. The patient underwent a right shoulder decompression/Mumford with rotator cuff repair on 10/23/2013. Recent clinical documentation stated the patient complained of right shoulder pain and stiffness, limited mobility, soreness, and swelling. A request has been made for 1 purchase of a cold therapy unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

one cold therapy unit: 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, Continuous-Flow Cryotherapy Section.

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

Decision rationale: Official Disability Guidelines indicate that continuous flow cryotherapy is recommended as an option after surgery. Guidelines indicate that postoperative use generally may be up to 7 days to include home use. The clinical documentation dated 11/11/2013 stated

the patient ices his surgical area 2 to 3 times a day at home and uses CPM (continuously passive motion) at 170 degrees. Objective findings included right shoulder shrug with active range of motion less than 90 degrees and diffuse tenderness to palpation. There were no objective findings submitted noting the patient had swelling or edema to his right shoulder. Furthermore, guidelines recommend postoperative use of cryotherapy to be up to 7 days and the request was for a purchase of a cold therapy unit with the number of treatment days not stated for the patient. The request for the purchase of one cold therapy unit is not medically necessary or appropriate.