

Case Number:	CM13-0049845		
Date Assigned:	12/27/2013	Date of Injury:	09/24/2007
Decision Date:	04/18/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	11/08/2013

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 patient is a 50 year old claimant with an industrial injury of 9/24/07. The patient is status post shoulder acromioplasty on 8/21/13. An exam note of 8/28/13 demonstrates a clean wound and discontinuation of stitches. The submitted request on 8/28/13 was for a four week extension of a thermocooling system.

IMR ISSUES, DECISIONS AND RATIONALES

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

THERMACOOLING SYSTEM EXTENSION OF RENTAL FOR 4 WEEKS FOR 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: 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 ODG recommends use of continuous-flow cryotherapy for up to 7 days postoperatively. Postoperative swelling would be accommodated with 7 day postoperative usage.

As the request is for a 4 week extension, this is outside the ODG criteria. The request is not medically necessary and appropriate.