

Case Number:	CM13-0049885		
Date Assigned:	12/27/2013	Date of Injury:	11/17/2012
Decision Date:	02/27/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	11/08/2013

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 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 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 claimant is a 54-year-old female who was injured on 11/17/12 sustaining an injury to the right shoulder. Clinical records for review in this case, specific to the claimant's right shoulder, indicate that a right shoulder arthroscopy had been recommended. This was based on an MRI scan that showed a partial supraspinatus tendon injury with weakness on examination and failed conservative care. A 12/18/13 utilization review report indicated that the claimant had been certified for the right shoulder arthroscopy procedure. At present, there is a request for the postoperative use of a cold compressive unit with no documentation of timeframe of use.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: cold compression unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -- Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: Shoulder Procedure - Continuous-flow cryotherapy

Decision rationale: When looking at Official Disability Guideline criteria, a cold compressive therapy unit would not be indicated. Cryotherapy devices are only indicated for seven days in the postoperative setting following shoulder procedures. The lack of clinical documentation of timeframe for use of this device would fail to meet the clinical guidelines. As such, the requested cryotherapy unit is not supported as medically necessary.