

Case Number:	CM13-0052501		
Date Assigned:	12/27/2013	Date of Injury:	05/18/2011
Decision Date:	03/06/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/21/2013

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 & 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:

According to the documentation, the patient is a 54-year-old female who reported a cumulative trauma injury from 05/18/2010 through 05/18/2011. The patient had complaints of left shoulder blade pain from an injury on 05/18/2011. She believes the problem is located between the scapula and the thorax, causing bursitis. The patient has been treated with injection and has requested authorization for surgery. The surgery was reportedly approved and was scheduled for 11/07/2013. The physician is now requesting the purchase of a cold therapy unit to help treat the patient in the postoperative state.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy machine (purchase): 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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300. Decision based on Non-MTUS Citation Official Disability Guidelines Knee and Leg Chapter.

Decision rationale: ACOEM Guidelines indicate at home local applications of heat or cold are as effective as those performed by therapist. Official Disability Guidelines state continuous flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperatively, it is used generally up to 7 days, including home use. As noted in the documentation, the patient was scheduled to have undergone her surgery in 11/2013. There is no clinical documentation submitted for review that indicates the patient has undergone the surgery on the intended date. With the surgical date well beyond the 7 day mark for use of a continuous flow cryotherapy unit, the request cannot be warranted. Furthermore, the Official Disability Guidelines do not support the purchase of a continuous flow cryotherapy unit. Given the above, the requested service is not medically necessary and appropriate.