

Case Number:	CM13-0055606		
Date Assigned:	12/30/2013	Date of Injury:	02/20/2011
Decision Date:	03/26/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/21/2013

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 Orthopedic Surgery and is licensed to practice in Georgia and 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 51 year old female. The mechanism of injury was noted to be a right shoulder injury on 02/20/2011 due to constant pulling and moving of file cabinets. The patient's diagnosis was noted to be pain in the joint, shoulder region. Per the request of 10/08/2013, there was a request for a diagnostic and operative arthroscopy, decompression, debridement, and likely biceps tenodesis with evaluation for a SLAP tear. There request was made for a postoperative cold therapy unit for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postoperative cold therapy unit for the 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 (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),

Decision rationale: Official Disability Guidelines recommend continuous flow cryotherapy postoperatively for 7 days. There was a lack of documentation indicating the patient had the procedure was approved or was scheduled for the procedure. Per the submitted request, there was a lack of documentation indicating the duration of care that was being requested. Given the

above, the request for postoperative cold therapy unit for the right shoulder is not medically necessary.