

Case Number:	CM13-0056231		
Date Assigned:	12/30/2013	Date of Injury:	04/03/2012
Decision Date:	03/19/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/22/2013

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 Internal and Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 57-year-old with a date of injury of 04/03/12. A progress report associated with the request for services, dated 10/2/13, identified subjective complaints of left shoulder pain. Objective findings included tenderness of the shoulder with positive signs for impingement. Diagnoses included rotator cuff impingement and possible rotator cuff tear. Treatment plan is for surgery and a request was made for a cryotherapy unit after. A Utilization Review determination was rendered on 11/05/13 recommending non-certification of "Cold therapy unit/immobilizer purchase".

IMR ISSUES, DECISIONS AND RATIONALES

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

The purchase of a cold therapy unit/immobilizer: 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: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Continuous-Flow Cryotherapy Section.

Decision rationale: The Physician Reviewer's decision rationale: The Medical Treatment Utilization Schedule (MTUS) states that at-home applications of heat or cold packs to aid

exercises are optional. The Official Disability Guidelines (ODG) state that continuous-flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Post-operative use may be up to 7 days, including home use. The Guidelines recommend continuous-flow cryotherapy postoperatively for up to 7 days. In this case, the request is to purchase a cryotherapy unit, which is unnecessary for short-term use. The request for the purchase of a cold therapy unit/immobilizer is not medically necessary or appropriate.