

Case Number:	CM13-0059276		
Date Assigned:	06/11/2014	Date of Injury:	04/03/2012
Decision Date:	07/31/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	12/02/2013

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 Physical Medicine and Rehabilitation, 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:

This is a 45-year-old gentleman with a date of injury of 4/3/12. The mechanism of injury was a fall onto his ride side at work. He struck his head against a cement floor, and landing on his right upper extremity. He was diagnosed with mild traumatic brain injury, post-traumatic head syndrome with craniocervical headaches, cervical strain/sprain, right upper extremity radiculopathy, cervical disc protrusion, status post right shoulder arthroscopy, right medial/lateral epicondylitis, mild right carpal tunnel syndrome, left shoulder strain, lumbar strain with radiculopathy, depression, PTSD, and multiple medical problems.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OPERATIVE DURABLE MEDICAL EQUIPMENT (DME): COLD THERAPY UNIT: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The California MTUS and ACOEM do support use of cryotherapy, but do not specifically discuss use of cold therapy unit devices. As such, the Official Disability

Guidelines were consulted, which state that continuous-flow cryotherapy units are guideline recommended as an option for after surgery, but not for non-surgical treatment, and only up to 7 days post-op. In this case, surgery for the shoulder was certified along with 7-days of post-op cold therapy unit. There is no medical necessity for extension beyond this. Medical necessity for extended use of a cold therapy unit is not established.