

Case Number:	CM13-0059509		
Date Assigned:	12/30/2013	Date of Injury:	02/22/2012
Decision Date:	06/03/2014	UR Denial Date:	11/12/2013
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 Anesthesiology, has a subspecialty in Pain Management 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 31 year old male patient s/p injury 2/22/12. 11/25/13 progress note states that the patient is doing better in regards to his right shoulder following surgery. He is now feeling depressed due to pain and isolation. He has tenderness about the right shoulder. The patient underwent a lysis of adhesions and subacromial bursectomy 11/13/13. There is documentation of an 11/13/13 adverse determination.

IMR ISSUES, DECISIONS AND RATIONALES

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

COLD THERAPY UNIT - 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 (ODG), Shoulder (Acute & Chronic).

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

Decision rationale: ODG states that continuous-flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. This patient is s/p right shoulder surgery 11/13/13. Cryotherapy is generally

only recommended for up to 7 days postoperatively. There is no indication for the need for a purchase of a cold therapy unit for this patient. The request is not medically necessary.