

Case Number:	CM13-0063398		
Date Assigned:	12/30/2013	Date of Injury:	10/16/2012
Decision Date:	04/14/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/10/2013

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 & Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine 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 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:

The patient is a 56-year-old male who reported an injury on 10/16/2012. The mechanism of injury is not provided in the medical records. The patient is a diagnosed with rotator cuff tear, cervical radiculopathy, lumbar disc displacement, and lumbar radiculopathy. The patient had surgery on 11/06/2013 which included a right shoulder rotator cuff repair, subacromial decompression with acromioplasty, distal clavicle resection, and intra-articular debridement and partial synovectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Contrast cold compression unit, 14 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute, ODG Treatment in Workers Compensation, 8th edition Shoulder Continuous-flow cryotherapy.

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

Decision rationale: According to the Official Disability Guidelines, use of cold compression therapy is not recommended in the shoulder as there are no published studies. As the patient was noted to have an operation on the shoulder and the guidelines do not recommend use of a cold compression unit for the treatment of shoulder, the request is not supported. As such, the request is non-certified.