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| Case Number: | CM13-0067899 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 01/24/2011 |
| Decision Date: | 06/04/2014 | UR Denial Date: | 12/09/2013 |
| Priority: | Standard | Application Received: | 12/18/2013 |

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 Orthopedic Surgery, 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:

The claimant is a 59-year-old gentleman who was injured January 24, 2011. The records provided for review indicate a left shoulder injury for which he has failed conservative care. A left shoulder arthroscopy with labral debridement, rotator cuff tear repair and subacromial decompression was requested and approved by the carrier in December 2013. This request is for purchase of a cryotherapy device for the claimant's left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

COLD THERAPY UNIT: 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), Continuous-Flow Cryotherapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205, 555-556. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Procedure Chapter, Continuous-Flow Cryotherapy.

Decision rationale: Based on Shoulder Complaints Chapter of the ACOEM Practice Guidelines and supported by Official Disability Guidelines criteria, purchase of a cryotherapy device would not be indicated. ACOEM Guidelines support the topical use of cold therapy in the acute setting.

The Official Disability Guidelines recommend that the use of cryotherapy devices is typically not recommended for more than seven days including home use. The request for cryotherapy in this case does not give a time frame for its use. The request for a cold therapy unit is not medically necessary or appropriate.