

Case Number:	CM13-0070084		
Date Assigned:	01/03/2014	Date of Injury:	02/06/2008
Decision Date:	05/29/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/20/2013

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:

This 58-year-old male reported a repetitive use injury to his left shoulder, date of injury 2/6/08. He underwent a left shoulder arthroscopic decompression and rotator cuff repair on 7/12/12. Post-operative physical therapy was provided with minimal improvement. The 5/15/13 MR arthrogram revealed a full thickness tear of the supraspinatus muscle, partial thickness tear of the infraspinatus muscle, and acromioclavicular joint capsular tear. A left shoulder arthroscopy with subacromial decompression, arthrotomy, and rotator cuff repair and revision was performed on 11/18/13. A Q-Tech Cold Therapy system was prescribed for 21 days. The 12/6/13 utilization review decision partially certified this request and approved 7 days rental consistent with evidence based medical guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Q-TECH COLD THERAPY SYSTEM WITH UNIVERSAL THERAPY WRAP: 21 DAY RENTAL (LEFT SHOULDER): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Continuous Flow Cryotherapy Section.

Decision rationale: Under consideration is a request for Q-Tech Cold Therapy System with universal therapy wrap, 21-day rental (left shoulder). The California MTUS is silent regarding cold therapy units. The Official Disability Guidelines (ODG) does not recommend cold compression therapy in the shoulder but state that continuous-flow cryotherapy is an option for up to 7 days. The 12/6/13 utilization review decision recommended partial certification of this cold therapy unit for 7-day rental. There is no compelling reason in the records reviewed to support the medical necessity of a cold therapy unit beyond the 7-day rental recommended by guidelines and previously certified. Therefore, this request for Q-Tech Cold Therapy System with universal therapy wrap for 21-day rental is not medically necessary.