

Case Number:	CM14-0003301		
Date Assigned:	01/31/2014	Date of Injury:	06/03/2007
Decision Date:	06/20/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/09/2014

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 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 injured worker is a 47-year-old male who reported an injury on 06/03/2007. The mechanism of injury was not stated. Current diagnoses include cervical spine sprain, cervical disc syndrome, and lumbar spine sprain, lumbar disc syndrome, left shoulder sprain, left shoulder rotator cuff partial tear, left knee sprain, insomnia, and anxiety. The injured worker was evaluated on 10/07/2013. The injured worker reported persistent pain in the cervical spine, bilateral shoulders, lower back, and bilateral knees. Physical examination revealed tenderness to palpation in the subacromial area of the left shoulder, painful left shoulder range of motion, decreased range of motion, positive impingement testing, and diminished strength on the left. Treatment recommendations at that time included authorization for a left shoulder arthroscopy with acromioplasty. An operative note was then submitted on 12/06/2013, which indicated that the injured worker underwent left shoulder acromioplasty with partial CA ligament release, tenosynovectomy and bursectomy, labral debridement, mini open rotator cuff repair, and manipulation under anesthesia.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME-Q-TECH COLD THERAPY RECOVERY SYSTEM WITH WRAP: 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 Chapter, 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 Chapter, Continuous Flow Cryotherapy.

Decision rationale: The Official Disability Guidelines recommend continuous flow cryotherapy after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. As per the documentation submitted, the injured worker did undergo a left shoulder arthroscopy on 12/06/2013. However, there is no total duration of treatment specified in the current request. Therefore, the request is not medically appropriate. Therefore, the request is not medically necessary.