

Case Number:	CM14-0004524		
Date Assigned:	02/05/2014	Date of Injury:	06/10/2010
Decision Date:	07/24/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/13/2014

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 and Rehabilitation, 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 51-year-old male with a 6/10/2010 date of injury due to repetitive trauma to the right shoulder. 12/18/13 determination was modified from purchase E0218 water circulating cold pad with pump and E1399 cold pad for right shoulder, to a seven-day rental, water circulating cold pad with pump for the right shoulder; and a seven-day rental cold pad for right shoulder. The patient underwent a right shoulder arthroscopy, intra-articular debridement of labrum and synovitis, subacromial decompression, distal clavicle resection, and right wrist carpal tunnel release on 6/28/11. No records following the prior determination were included.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE WATER CIRCULATING COLDPAD WITH PUMP FOR THE RIGHT SHOULDER, FOR DOS 6/28/2011 TO 7/4/2011: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 patient underwent a right shoulder arthroscopy on 6/28/11 for which ODG recommends post-operative cryotherapy for up to 7 days. The prior determination concluded that the request for a water circulating pumped from dates of service 6/28/11-7/4/11 should have been modified to a 7-day rental. The dates in question include 7 days. The utilization of a water circulating coldpad with pump for the right shoulder, for the next 7 days following the surgical procedure was appropriate. Therefore, this request is medically necessary.