

Case Number:	CM14-0007729		
Date Assigned:	02/07/2014	Date of Injury:	02/12/2013
Decision Date:	06/23/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/21/2014

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 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 patient is a 41-year-old with industrial injury February 12, 2013. Status post right shoulder arthroscopic debridement with labral tear and subacromial decompression on June 18, 2013. Right shoulder MRI March 20, 2013 demonstrates SLAP tear with calcific tendonitis and rotator cuff tendinopathy. Retrospective request for date of service June 18, 2013 Kodiak Combo Shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST (DATE OF SERVICE: 6/18/2013) - KODIAK COMBO SHOULDER: Upheld

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, Continuous Flow cryotherapy

Decision rationale: The CA MTUS/ACOEM is silent on the issue of shoulder cryotherapy. According to ODG Shoulder Chapter, Continuous flow cryotherapy, it is recommended immediately postoperatively for upwards of seven days. In this case the request is for an

unspecified amount of days postoperatively for the cryotherapy. The retrospective request for a Kodiak combo shoulder, provided on June 18, 2013, is not medically necessary or appropriate.