

Case Number:	CM14-0105621		
Date Assigned:	07/30/2014	Date of Injury:	10/30/2013
Decision Date:	08/29/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	07/08/2014

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 has a subspecialty in Pediatric Orthopedic and is licensed to practice in Texas and Colorado. 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:

After using a mallet and a chisel, the injured worker reportedly sustained an injury to his right shoulder. Conservative treatment included physical therapy, corticosteroid injections and medications. The injured worker failed to respond to conservative treatment and surgical intervention was recommended. The injured worker was evaluated on 05/22/2014. Physical findings included restricted range of motion described as 160 degrees in forward flexion, 100 degrees in abduction, 60 degrees in external rotation and internal rotation to the lumbosacral spine. There was tenderness over the biceps tendon and infraspinatus and supraspinatus trigger point tenderness. The injured worker had a positive Neer's impingement sign, positive Hawkins impingement sign, and positive O'Brien's test. A request was made for a surgical intervention with postsurgical management to include a Game Ready Unit rental for 14 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Game Ready Unit Rental for 14 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Knee Chapter.

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 requested Game Ready Unit Rental for 14 days is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not specifically address this type of durable medical equipment. Official Disability Guidelines recommend up to 7 days of a continuous flow cryotherapy unit in the postsurgical management of a shoulder injury. The request exceeds the 7 day recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested Game Ready Unit Rental for 14 days is not medically necessary or appropriate.