

Case Number:	CM14-0010284		
Date Assigned:	03/05/2014	Date of Injury:	09/18/2013
Decision Date:	06/30/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/27/2014

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 claimant is a 57-year-old gentleman who sustained an injury to the right shoulder on September 18, 2013. Records provided for review include the report of an MRI scan showing a supraspinatus tendon tear for which open rotator cuff repair surgery took place on December 10, 2013. This request is for the purchase of a heat/cold unit with a wrap in the postoperative setting of the above mentioned surgical process. The remaining clinical records are not pertinent to this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

ARS CONTRAST HOT/COLD UNIT PURCHASE WITH ARS WRAP PURCHASE FOR THE RIGHT SHOULDER: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212.

Decision rationale: Based upon the ACOEM Guidelines and supported by the Official Disability Guidelines, the purchase of a combination therapy device for application of hot and cold treatment is not indicated. The ACOEM Guidelines support the application of hot or cold

packs for comfort. The Official Disability Guidelines do support the acute use of cryotherapy device for a seven day period of time following shoulder related procedures, there is currently no indication or randomized clinical trial supporting the role of combination therapy devices. There is also no need for purchase of the unit. Therefore, the specific request in this case would not be supported.