

Case Number:	CM14-0014028		
Date Assigned:	05/14/2014	Date of Injury:	08/10/2007
Decision Date:	07/10/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	02/03/2014

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 Occupational Medicine 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 49 year old male who was injured on 08/10/2007. The patient has undergone left knee surgery after a fall from scaffolding and also at that time injured his left shoulder. Since then, in the process of sleeping, is experiencing problems with his right shoulder. Surgical Authorization Appeal Letter dated 01/23/2014 documented the patient has pain with motion of his shoulder. He has a painful arc with impingement signs with guarding. He has pain at night and has weakness of abduction. An MRI in 2012 has demonstrated not only high-grade chondral loss but also tendinopathy as well as degenerative changes at the AC joint. He has documented ongoing complaints of right shoulder pain on frequent subsequent visits with ongoing impingement signs. He has chosen to defer any therapeutic right shoulder injections due to poor response of left shoulder injection as noted in the past. The patient has failed conservative care. The patient is felt to be a candidate for surgery because of his ongoing symptoms that are classic for impingement. On a UR report dated 01/10/2014 the request for right shoulder decompression, AC joint resection and post operative cold therapy unit was denied. (No specific reason or guidelines were given).

IMR ISSUES, DECISIONS AND RATIONALES

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

POSTOP COLD THERAPY UNIT: 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 Section, Continuous-Flow cryotherapy.

Decision rationale: CA MTUS guidelines do not specifically discuss the issue and hence ODG have been consulted. The ODG recommend continuous-flow cryotherapy as an option after surgery. Postop cold therapy unit was requested for right shoulder decompression and AC joint resection surgery. However, according the medical records, the surgery was denied. Thus, Post-Op Cold Therapy Unit is not medically necessary.