

Case Number:	CM14-0014858		
Date Assigned:	02/28/2014	Date of Injury:	11/14/1992
Decision Date:	06/27/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	02/05/2014

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, and is licensed to practice in Nevada. 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 records presented for review reflect this 57 year-old male sustained an injury on 11/14/92. The mechanism of injury is not listed. The previous utilization review references a progress note from 12/13/2013, but that progress note is not provided for this independent medical review. The reviewer indicates the progress note documented the claimant is under treatment for an injury to the left shoulder. At that visit, they were doing well with some shoulder pain and stiffness one week status post arthroscopy with subacromial decompression and rotator cuff repair. Examination showed a well healed incision without any evidence of infection, and a very stiff shoulder in a sling with good range of motion at the elbow, wrist, and hand. Plain radiographs of the left shoulder showed excellent subacromial decompression.

IMR ISSUES, DECISIONS AND RATIONALES

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

21 DAYS OF COLD THERAPY RECOVERY SYSTEM WITH WRAP: 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) ACOEM Practice Guidelines: ODG -TWC: Shoulder (Acute & Chronic); (updated 04/25/14) - Continuous Flow Cryotherapy

Decision rationale: The MTUS/ACOEM guidelines do not address cryotherapy for the shoulder; therefore, the Official Disability Guidelines (ODG) were used. No progress notes or operative reports were available; however, the previous utilization review dated 1/9/14 documents that the claimant underwent left shoulder surgery in the first week of December 2013. The ODG supports the use of continuous-flow cryotherapy for up to seven days after surgery. The current request for 21 days exceeds guideline recommendations. As such, the request is not medically necessary.