

Case Number:	CM14-0016283		
Date Assigned:	04/11/2014	Date of Injury:	06/06/2013
Decision Date:	05/28/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/10/2014

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 43-year-old female who injured her left shoulder in a work-related accident on June 6, 2013. The records available for review document a diagnosis of impingement that has failed conservative care. The treating physician recommended a shoulder arthroscopy, subacromial decompression and rotator cuff assessment. The recommendation for surgery has been supported on Utilization Review. This review request is for the purchase of a cryotherapy device for postoperative use.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OP COLD THERAPY UNIT, PURCHASE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Shoulder (Acute & Chronic) Procedure.

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

Decision rationale: California ACOEM Guidelines do not support the purchase of a cryotherapy device in this case. While topical application of cold therapy can be utilized in the acute setting, a cryotherapy device is not supported as a medically necessary method of delivery. In addition,

the use of a cryotherapy device for more than seven days postoperatively would not be indicated. For those reasons, this request is not established as medically necessary.