

Case Number:	CM14-0017321		
Date Assigned:	04/14/2014	Date of Injury:	09/16/2010
Decision Date:	05/29/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/11/2014

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 29-year-old gentleman who was injured on 09/16/10 while loading boxes. He developed the acute onset of right shoulder pain. Records indicate a failure to improve with conservative care and surgical intervention was recommended in the form of an arthroscopy, labrum assessment, biceps tenodesis, which was noted to take place on 12/27/13. There is a postoperative request for the purchase of a cryotherapy device for this individual. Further documentation is not relevant to the specific request in this case.

IMR ISSUES, DECISIONS AND RATIONALES

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

COLD THERAPY UNIT FOR RIGHT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment Index, 11th Edition (Web), 2013, Shoulder, Continuous Flow Cryotherapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205, 555-556.

Decision rationale: Based on California MTUS ACOEM Guidelines, the purchase of a cryotherapy device for the claimant's right shoulder following a December 2013 arthroscopy would not be indicated. While guidelines recommend the role of topical application of cold in the

acute setting, there would be no indication for purchase of a cryotherapy device over the use of ice packs. The specific request in this case would not be supported.