

Case Number:	CM14-0139824		
Date Assigned:	09/08/2014	Date of Injury:	01/18/2012
Decision Date:	10/23/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/28/2014

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 injured his left shoulder in a work related accident on 01/18/12. The medical records provided for review included the 07/10/14 operative report for left shoulder arthroscopy, synovectomy, subacromial decompression, a distal clavicle excision, bicep tendon release and labral repair. This is a retrospective request for 21 day use of a cryotherapy device in the post operative setting, specifically related to this claimant's left shoulder surgery. There is no further documentation of records pertinent to the post operative request in this case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective for 7/10/14, 21 day rental of cryotherapy pad (acromio/clavicular canvas & we): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205, 555-556. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Continuous-flow cryotherapy

Decision rationale: Based on California ACOEM Guidelines and supported by the Official Disability Guidelines, the request for 21-day use of a cryotherapy device cannot be recommended as medically necessary. The ACOEM Guidelines recommend the use of cold application following acute injuries; the Official Disability Guidelines typically recommend the use of a cryotherapy device in the post surgical setting for up to seven days including home use. The request for a 21-day rental of use would exceed ODG Guideline criteria and would not be recommended as medically necessary.