

Case Number:	CM14-0150380		
Date Assigned:	10/23/2014	Date of Injury:	09/08/2011
Decision Date:	11/20/2014	UR Denial Date:	08/30/2014
Priority:	Standard	Application Received:	09/16/2014

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 Montana. 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 injured worker is a 57 year old male landscaper who sustained a right shoulder injury in a slip and fall accident on 9/8/2011. There is also a claim of cumulative trauma to the right shoulder. He has been diagnosed with right shoulder impingement syndrome based on clinical examination and magnetic resonance of the right shoulder. The injured worker has failed extensive conservative treatment including physical therapy, medications, activity modification, and injections. A right shoulder arthroscopic subacromial decompression has been recommended. There is a request for a 14 day rental of cold therapy unit, right shoulder, to be used post operatively.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical services: 14 day rental of cold therapy unit, 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; Integrated Treatment/Disability Duration Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Continuous-flow cryotherapy

Decision rationale: A right shoulder arthroscopic subacromial decompression has been recommended for this injured worker. The Official Disability Guidelines recommend the use of a passive cryotherapy unit for up to 7 days postoperatively for shoulder surgeries, including home use, but do not recommend the use of motorized units. Based on the Official Disability Guidelines a 7 day rental of a passive cold therapy unit for the right shoulder is recommended for certification. Therefore, the 14 day rental of cold therapy unit for the right shoulder is not medically necessary and is not medically necessary.