

Case Number:	CM14-0157831		
Date Assigned:	10/01/2014	Date of Injury:	07/25/2002
Decision Date:	10/30/2014	UR Denial Date:	08/31/2014
Priority:	Standard	Application Received:	09/26/2014

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 53 year old who injured the right shoulder in a work related accident on 07/25/02. The clinical records provided for review documented the recommendation for revision right shoulder arthroscopy, subacromial decompression and rotator cuff repair procedure. Based on imaging, physical examination findings, and failed conservative care, this surgery was authorized by the Utilization Review process on 08/31/14. This review is for a request for seven day use of a cryotherapy device, following the approved operative procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

7 Days Use of Cold Therapy Unit: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Cold Therapy Compression

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: The ACOEM Guidelines recommend the application of cold to control pain and swelling. The Official Disability Guidelines recommend the use of cryotherapy for up to

seven days including home use in the post surgical setting. Therefore, based on the California ACOEM Guidelines and supported by the Official Disability Guidelines, the request for seven day use of a cold therapy unit postoperatively is recommended as medically necessary.