MAXIMUS Federal Services

Case Number:	CM14-0173486		
Date Assigned:	10/24/2014	Date of Injury:	07/07/2013
Decision Date:	12/03/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/21/2014

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 Occupational Medicine 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 applicant is a represented [redacted] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of July 7, 2013.Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier shoulder arthroscopy on April 4, 2014; and unspecified amounts of physical therapy. In a Utilization Review Report dated September 30, 2014, the claims administrator denied a request for continuous cooling device 35-day rental, noting that the applicant had undergone earlier Right Shoulder Arthroscopy on July 28, 2014. The request was framed as a retrospective review based on a July 28, 2014 order. The applicant's attorney subsequently appealed. The applicant was placed off work, on total temporary disability, in a work status report dated August 6, 2014. The Q-Tech cold therapy recovery system was endorsed via a templated RFA form dated July 28, 2014. This contained no applicant-specific rationale and was entirely templated.In an August 6, 2014 narrative report, the applicant was described as having ongoing complaints of shoulder pain, status post earlier Right Shoulder Arthroscopy, Decompression, Bursectomy, and Mumford procedure of July 28, 2014. The applicant was diabetic and hypertensive, it was acknowledged, and was using Norco for pain relief. The applicant was placed off work, on total temporary disability, while 12 sessions of physical therapy were sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: Q-Tech Cold Therapy W/Wraps: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Shoulder Chapter, Continuous-Flow Cryotherapy

Decision rationale: No, the Q-Tech cold therapy system with associated wrap was not medically necessary, medically appropriate, or indicated here.The claims administrator, in its Utilization Review Report, framed the request as a 35-day rental of the Q-Tech cold therapy system following an earlier Shoulder Arthroscopy procedure of July 28, 2014. The MTUS does not address the topic of continuous cooling devices for postoperative use. However, ODGs Shoulder Chapter Continuous-flow Cryotherapy topic notes that continuous-flow cryotherapy is recommended only as an option for postoperative use purposes, for up to seven days, noting that the complications associated with protracted use of cryotherapy, such as frostbite can be extremely devastating. The request was seemingly framed as a 35-day rental of the Q-Tech cold therapy device. Such usage runs counter to ODG. Therefore, the request was not medically necessary.