

Case Number:	CM14-0173864		
Date Assigned:	10/27/2014	Date of Injury:	01/22/2013
Decision Date:	12/03/2014	UR Denial Date:	10/09/2014
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 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:

54-year-old male has a reported industrial injury of 1/22/13. Exam note 8/4/14 demonstrates complaints of left shoulder pain and weakness. Examination demonstrates left shoulder/left upper extremity tenderness along the anterior aspect of the shoulder with positive O'Brien's test consistent with labral tear. Left shoulder flexion is noted to be 160 degrees as compared with 180 degrees on the right and internal rotation of 20 as compared to 60 degrees on the right. Supraspinatus testing was noted to be 4+/5. Apprehension sign, glenohumeral joint stability sign and impingement tests were positive. Request is made for diagnostic and operative arthroscopy on the left shoulder with labral repair and possible biceps tendon tenodesis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Purchase cold therapy unit left 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 in Workers Compensation 18 edition, 2013 updates, Shoulder Chapter

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of shoulder cryotherapy. According to ODG Shoulder Chapter, Continuous flow cryotherapy, it is recommended immediately postoperatively for upwards of 7 days. In this case there is no specification of length of time requested postoperatively for the cryotherapy unit. Therefore the purchase cold therapy unit left shoulder is not medically necessary and appropriate.