

Case Number:	CM14-0022579		
Date Assigned:	06/13/2014	Date of Injury:	08/15/2013
Decision Date:	07/21/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	02/24/2014

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 shoulder pain reportedly associated with an industrial injury of August 15, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy; transfer of care to and from various providers in various specialties; and consultation with a shoulder surgeon, and was apparently endorsed shoulder surgery. In a Utilization Review Report dated February 17, 2014, the claims administrator approved a preoperative clearance, approved a right shoulder arthroscopy, subacromial decompression, rotator cuff repair surgery, approved eight sessions of postoperative physical therapy, and conditionally approved a cold therapy unit 7- to 10-day rental as a 7-day rental. The applicant subsequently appealed. In a January 22, 2014 progress note, the attending provider noted that the applicant had persistent shoulder pain complaints and had only received partial improvement with time, medications, physical therapy, and an earlier corticosteroid injection. Well-preserved shoulder range of motion is noted with positive signs of internal impingement appreciated. The applicant did have weakness about the shoulder in question. Surgical remedy was sought, along with derivative request such as the cold therapy unit rental for 7 to 10 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

COLD THERAPY UNIT RENTAL 7-10 DAYS: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563.

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

Decision rationale: The MTUS does not address the topic. As noted in the ODG Shoulder Chapter Continuous-Flow Cryotherapy topic, continuous-flow cryotherapy is recommended as an option after surgery. Postoperative usage, per ODG, may generally be up to seven days. In this case, then, the 7- to 10-day course of continuous-flow cryotherapy proposed by the attending provider does essentially conform to ODG parameters following the surgery in question. Therefore, the request was/is medically necessary.