

Case Number:	CM14-0025222		
Date Assigned:	06/13/2014	Date of Injury:	09/06/2012
Decision Date:	08/13/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/27/2014

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 Pennsylvania. 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:

This is a 59-year-old gentleman who sustained an injury to his right shoulder in a work related accident on 09/06/12. The records provided for review document that a right shoulder arthroscopy, subacromial decompression, open biceps tenodesis and rotator cuff repair was certified by the Utilization Review process on 02/13/14. This review is to determine the medical necessity for the postoperative use of a continuous flow cryotherapy device for seven days on a rental basis. The remaining medical records are not pertinent to the postoperative request in this case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative cold compression device for the 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 (ODG), Treatment Shoulder/Continuous flow cryotherapy.

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) Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure -Continuous-flow cryotherapy.

Decision rationale: ACOEM Guidelines supported by Official Disability Guideline criteria would not support a cryotherapy device for the shoulder. The specific time frame for the length of use of the device is not identified. ODG Guidelines typically recommend the use of the cryotherapy device for up to seven days including at home use in the postoperative period. Without documentation of this parameter, the request is not medically necessary.