

Case Number:	CM14-0026976		
Date Assigned:	06/13/2014	Date of Injury:	05/11/2010
Decision Date:	07/16/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	03/03/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 55 year old female whose date of injury is 05/11/2010. On this date she tripped over a box and fell. Note dated 03/13/14 indicates that the injured worker sustained injuries to the bilateral knees, left shoulder and right wrist. The injured worker recently had surgery for the right knee on 02/06/14 and is improving. She is attending physical therapy. Diagnoses are symptomatic meniscus tear and chondromalacia of the bilateral knees, and persistent symptomatic left shoulder subacromial impingement syndrome and distal clavicle arthrosis. She was recommended for right shoulder surgery and postoperative cold therapy unit rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

COLD THERAPY UNIT RENTAL TIMES 21 DAYS: 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) Shoulder Chapter, Continuous-flow cryotherapy.

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.

Decision rationale: Based on the clinical information provided, the request for cold therapy unit rental times 21 days is not recommended as medically necessary. The submitted records indicate that the injured worker has been authorized for right shoulder surgery and was previously authorized for 7 day rental of cold therapy unit. The Official Disability Guidelines support continuous flow cryotherapy for up to 7 days postoperatively, and there is no clear rationale provided to support exceeding this recommendation. Give the above the request is not medically necessary.