

Case Number:	CM14-0029196		
Date Assigned:	06/20/2014	Date of Injury:	11/27/2013
Decision Date:	12/31/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/07/2014

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:

This is a 46 year old male with an 11/27/13 injury date. In a recent follow-up on 2/4/14, the patient complained of left shoulder pain. A recent cortisone injection helped for 3 weeks, but the symptoms recurred. The provider stated that the patient has not yet had physical therapy for the left shoulder. The patient noted subjective weakness in the shoulder and pain that awakens him at night. Objective findings included tenderness over the shoulder and acromioclavicular (AC) joint, 4/5 strength with forward flexion, 5-/5 strength with abduction, 5-/5 strength with external rotation, 5/5 strength with internal rotation, no pain with empty can testing, abduction to 90 degrees with pain, external rotation to 50 degrees, internal rotation to the back pocket, positive impingement signs, positive O'Brien's test, and positive cross-body adduction test. A left shoulder MRI on 12/17/13 revealed rotator cuff tendinosis with high-grade partial articular surface disruption and fraying of the distal supraspinatus tendon, a degenerative tear of the labrum, and moderate AC joint arthrosis. Diagnostic impression: left shoulder impingement syndrome. Treatment to date: medications, cortisone injection. A UR decision on 2/17/14 denied the request for left shoulder arthroscopy, rotator cuff repair; extensive debridement, subacromial decompression, and Mumford because documentation of conservative care was not sufficient and there was no full-thickness cuff tear on MRI. The requests for physical therapy, cold therapy, assistant surgeon, and pre-op medical clearance were denied because the associated surgical procedures were not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy rental for the left shoulder times 7 days: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee Chapter-- Continuous-flow cryotherapy.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.