

Case Number:	CM14-0033394		
Date Assigned:	07/09/2014	Date of Injury:	09/20/2013
Decision Date:	08/07/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/17/2014

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 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 42-year-old female who reported an injury on 09/20/2013. The mechanism of injury was not provided. The diagnosis was other specified disorders, rotator cuff syndrome, shoulder and allied disorders. The documentation indicated that the injured worker was approved for surgical intervention. However, there was a lack of documentation of a DWC Form RFA or PR-2 submitted requesting the cold therapy unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy unit purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Official Disability Guidelines, Shoulder Procedure Summary, last updated 12/27/13.

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: The Official Disability Guidelines recommend continuous flow cryotherapy for 7 days for postop use. There was a lack of documented rationale for a cold therapy unit purchase. Additionally, there was no DWC Form RFA or PR-2 submitted for the requested

service and there was no indication of a surgical procedure request. Given the above, the request for a cold therapy unit purchase is not medically necessary.