

Case Number:	CM14-0033614		
Date Assigned:	06/20/2014	Date of Injury:	04/28/2010
Decision Date:	08/07/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/14/2014

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:

The claimant is a 62 year old female with an industrial injury dated 04/28/10. Previous surgical procedure include right knee surgery, and left shoulder surgery in 2000. Exam note 07/01/13 reports claimant has difficulty walking. Exam note 10/07/13 states the latest MRI scan of 09/11/13 demonstrates a small superior labral tear with paralabral cyst, attenuation of the rotator cuff and acromioclavicular degenerative joint disease. [REDACTED] on exam note 10/07/13 indicates his recommendation for the patient to undergo arthroscopic evaluation of the left shoulder, arthroscopic revision, decompression, distol clavivle resection, and labral debridement. Claimant is status post arthroscopic revision left shoulder subacromial decompression with distal clavicle resection and labral debridement and rotator cuff debridement on 1/15/14. Operative report notes significant scarring in the affected shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold Therapy Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 California MTUS/ACOEM is silent on the issue of shoulder cryotherapy. According to ODG Shoulder Chapter, Continuous flow cryotherapy, it is recommended immediately postoperatively for upwards of 7 days. In this case there is no specification of length of time requested postoperatively for the cryotherapy unit. Therefore the determination is not medically necessary.