

Case Number:	CM14-0037847		
Date Assigned:	06/25/2014	Date of Injury:	10/02/2012
Decision Date:	07/23/2014	UR Denial Date:	03/22/2014
Priority:	Standard	Application Received:	03/31/2014

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 53-year-old gentleman who sustained an injury to the right shoulder on October 2, 2012. The records provided for review included an operative report dated April 16, 2014 indicating that the claimant underwent a right shoulder arthroscopy, labral repair, anterior and posterior labral debridement, release of adhesions from the rotator cuff and release of fibrotic rotator cuff interval. The recommendation was made for postoperative use of a cryotherapy device for the right shoulder for an unspecified amount of time. The remaining records did not pertain to this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy unit for the right shoulder, unspecified amount of time: 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- 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 Non-MTUS Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure - Continuous-flow cryotherapy.

Decision rationale: Based on California ACOEM Guidelines and supported by Official Disability Guideline criteria, the request for use of a cold therapy unit for the shoulder would not be indicated. The timeframe for use of the cold therapy unit is not identified in the request. While ACOEM Guidelines do support the use of cold application in the home setting, the Official Disability Guidelines only support the use of cryotherapy for up to seven days including home use. Without documentation of a timeframe for use of the device in the postoperative setting, this specific request would not be supported. Therefore, the request for the right shoulder, unspecified amount of time is not medically necessary.