

Case Number:	CM14-0048495		
Date Assigned:	06/25/2014	Date of Injury:	08/11/2009
Decision Date:	07/23/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	03/28/2014

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 Geriatrics, and is licensed to practice in New York. 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 62 year old man with a date of injury of 8/11/09. He was seen by his primary treating physician on 2/18/14 stating that his left shoulder surgery was approved by the court. He continued to have significant pain in his shoulder. His physical exam showed left shoulder elevation to 90 degrees. He had 3/5 strength in the supraspinatus and infraspinatus muscles and 4/5 in the subcapsularis. His assessment was left shoulder pain with significant degenerative joint disease and rotator cuff pain. He was felt to likely need a left shoulder reverse shoulder arthroplasty. At issue in this review is the request for a 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: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC, Online Edition, Chapter: Shoulder, Continuous-flow cryotherapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) 9 Page(s): 195-224.

Decision rationale: Heat - solar care FIR heating system American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 3, page 48, chapter 13, page 331 This injured worker has chronic shoulder pain with upcoming/anticipated surgery. During the acute to sub-acute phases of surgery for a period of 2 weeks or less, physicians can use passive modalities such as application of cold for temporary amelioration of symptoms. In this case, there is no documentation of acute inflammation and/or whether the cold therapy unit is for his current state or post-surgical state. Also, it is not clear why the application of ice packs cannot be used instead of a cold therapy unit. The medical necessity for a cold therapy unit is not substantiated by the records.