

Case Number:	CM14-0048533		
Date Assigned:	06/27/2014	Date of Injury:	12/07/2012
Decision Date:	07/29/2014	UR Denial Date:	03/03/2014
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 Orthopaedic 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 44-year-old female sustained an industrial injury on 12/7/12. The mechanism of injury is not documented. The patient underwent right shoulder subacromial decompression and debridement on 9/23/13. The 12/21/13 right shoulder MRI impression documented low grade supraspinatus tear, infraspinatus and subscapularis tendinosis, thickening of the coracoacromial ligament, and a moderate amount of subcoracoid bursal fluid. The 2/18/14 orthopedic report cited significant right shoulder pain with elevation. A corticosteroid injection into the bicipital groove on 12/24/13 provided 3 days of complete relief. Physical exam findings documented right shoulder flexion 140 degrees, abduction 120 degrees, and external rotation 90 degrees. There was exquisite tenderness in the bicipital groove, tenderness along the biceps tendon, and anterior acromion tenderness. Right shoulder arthroscopy with biceps tenodesis was recommended. The 3/3/14 utilization review approved the request for right shoulder surgery but denied the request for cold therapy unit rental for 14 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy unit rental for 14 days: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines chapters lumbar, knee, cervical and shoulder; as well as the Am J Sports Med. 1996 Mar-Apr; 24 (2): 193-5; and AJSM, 2004, 32 pages 251-261.

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

Decision rationale: The California MTUS Guidelines are silent regarding continuous flow cryotherapy. The Official Disability Guidelines recommend continuous flow cryotherapy as an option after shoulder surgery, but not for nonsurgical treatment. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage. In this case, the guideline criteria have been met. Therefore, the 14 day rental of a cold therapy unit is medically necessary.