

Case Number:	CM14-0049694		
Date Assigned:	07/07/2014	Date of Injury:	09/02/2011
Decision Date:	09/03/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/17/2014

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 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 51-year-old injured in a work-related accident on September 2, 2011. The records available for review document an injury to the right shoulder. The claimant has a current diagnosis of complex regional pain syndrome and adhesive capsulitis. A March 18, 2014, follow-up report documents a recommendation for right shoulder arthroscopic capsular release and manipulation under anesthesia. The requested surgery was supported by Utilization Review on April 4, 2013. This request is for the 14-day rental of a cryotherapy device for postoperative use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fourteen day rental of cold therapy unit for the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder, continuous flow cryotherapy.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 9), page 212, as well as the Non-MTUS Official Disability Guidelines (ODG) Chapter Shoulder: Continuous Flow Cryotherapy.

Decision rationale: According to the Shoulder Complaints Chapter of the ACOEM Practice Guidelines and supported by Official Disability Guidelines criteria, the fourteen day, post-operative use of a cryotherapy device for the right shoulder would not be supported. ACOEM Guidelines recommend the application of cold for pain control. The ODG Guidelines criteria support the use of cryotherapy for up to seven days post-operatively, inclusive of home use. The request for a fourteen day rental of cold therapy unit for the right shoulder is not medically necessary or appropriate.