

Case Number:	CM14-0059399		
Date Assigned:	07/09/2014	Date of Injury:	11/07/2012
Decision Date:	08/08/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/30/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida and Texas. 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 patient is a 32 year old who was injured on 11/7/2012. The diagnoses are right shoulder pain and lumbar sprain. The past surgical history is significant for right shoulder surgeries in July 2013 and March 2014. On 4/3/2014, [REDACTED] noted that the pain score had decreased to 3/10 on a 0 to 10 scale following completion of PT. The patient was not to be doing a Home exercise program. The medications are Naproxen and Norco for pain. On 5/20/2014, the patient was noted to be doing well. He was now complaining of mild pain. The ADL and range of motion had increased. It was recommended he continue with the medications, Heat/Ice therapy and Home exercise program. A Utilization review was rendered on 4/15/2014 recommending modified certification for Additional 21 days rental of vascotherm cold therapy unit to the right shoulder to 7 days rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

21 day rental of vascotherm cold therapy unit of the right shoulder: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The CA MTUS did not address the use of Cold Therapy in the treatment of musculoskeletal pain. The ODG recommend that Continuous Cold Therapy can be utilized in the immediate post operative setting for a period of 7 days to decrease edema, swelling and pain. The record indicate that the patient had right shoulder surgery in March 2014. The patient had already completed the recommended 7 days of Cold therapy with beneficial effects. The criteria for Modified certification for additional 7 days of vasotherm cold therapy rather than the requested 21 days rental was met. The request is not medically necessary and appropriate.