

Case Number:	CM14-0067543		
Date Assigned:	07/11/2014	Date of Injury:	02/23/2007
Decision Date:	09/10/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/12/2014

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 55 year old woman with a date of injury of 2/23/07. She underwent left shoulder arthroscopy for a subacromial decompression and distal clavicle resection on 2/27/14. She was seen by her surgeon on 3/7/14 and her pain was controlled and she was in a sling. Her wounds were clean, dry and intact and she had no erythema, drainage or extremity swelling. She was advised to undergo physical therapy, wean narcotic medications and follow up in 6 weeks. Her diagnoses were osteoarthritis of shoulder and shoulder impingement. At issue in this review is a Q-Tech Cold Therapy Unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment (DME) Q-Tech 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 (ODG), Shoulder Chapter, Knee, Leg.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195-224.

Decision rationale: This injured worker has chronic shoulder pain with recent arthroscopic surgery. During the acute to subacute phases of surgery for a period of 2 weeks or less,

physicians can use passive modalities such as application of heat and cold for temporary amelioration of symptoms and to facilitate mobilization and graded exercise. In this case, there is no documentation of inflammation and/or whether the cold therapy unit was used for the 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.