

Case Number:	CM14-0070206		
Date Assigned:	07/14/2014	Date of Injury:	08/12/2010
Decision Date:	09/19/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/15/2014

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 Management, 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:

According to the records made available for review, this is a 55-year-old female with an 8/12/10 date of injury. At the time (5/6/14) of the decision for water circulating cold pad with pump, there is documentation that the patient is status post a right shoulder acromioplasty with Mumford procedure and rotator cuff repair on 3/12/14. Current diagnoses include other affections of shoulder not elsewhere classified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Water circulating cold pad with pump: 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 Chapter.

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 MTUS does not address the issue; however, the Official Disability Guidelines support continuous-flow cryotherapy as an option after surgery for up to 7 days, including home use. Within the medical information available for review, there is documentation

of diagnoses of right rotator cuff impingement and acromioclavicular joint arthrosis. In addition, there is documentation of a recent surgical procedure. However, there is no documentation of a specified duration of treatment requested. Therefore, based on guidelines and a review of the evidence, the request for water circulating cold pad with pump is not medically necessary.