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| Case Number: | CM14-0076266 | | |
| Date Assigned: | 07/18/2014 | Date of Injury: | 08/07/2012 |
| Decision Date: | 10/01/2014 | UR Denial Date: | 05/02/2014 |
| Priority: | Standard | Application Received: | 05/26/2014 |

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 Mississippi. 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 records, presented for review, indicate that this 41 year old male was reportedly injured on August 7, 2012. The mechanism of injury is undisclosed. The most recent progress note, dated April 17, 2014, indicated that there were ongoing complaints of right shoulder pain. The physical examination demonstrated well healed surgical scars, a negative Neer's test and a negative Hawkin's test. Diagnostic imaging studies objectified and were not presented. Previous treatment includes multiple medications, physical therapy, arthroscopic surgery (September 6, 2013) and pain management interventions. A request was made for inpatient treatment and postoperative Vascutherm and was not certified in the preauthorization process on April 30, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op Vascutherm CTU X 30 day rental: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Shoulder, chapter updated August 2014

Decision rationale: When noting the date of surgery, September 2013, and by the parameters outlined in the Official Disability Guidelines (ODG), continuous flow cryotherapy is not clinically indicated this far out from the surgery. This request is not medically necessary.

Inpatient 1-2 days at [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the underlying request is not clinically indicated, hospitalization is not clinically indicated.