

Case Number:	CM14-0078379		
Date Assigned:	07/18/2014	Date of Injury:	10/02/2010
Decision Date:	08/25/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/28/2014

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 24-year-old with industrial injury reported on October 2, 2010. Complaint of pain in shoulder from exam note on April 11, 2014. Prior utilization review report on May 15, 2014 demonstrates claimant has been previously approved for shoulder arthroscopy. Pain is described as burning in the anterior aspect of the shoulder. Exam demonstrates tenderness in the bicipital groove and subacromial space. Range of motion is decreased and there was discomfort with abduction.. Patient noted to have positive Neer and Hawkins impingement signs and positive Speed's test. MRI of the right shoulder demonstrates evidence of labral tear with biceps tenosynovitis and subacromial bursitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

The ten day use of an ice machine: 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 (Acute & Chronic), 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) Shoulder, Cryotherapy.

Decision rationale: CA MTUS/ACOEM is silent on the issue of shoulder cryotherapy. According to ODG Shoulder Chapter, Continuous flow cryotherapy, it is recommended immediately postoperatively for upwards of seven days. In this case the request of ten days exceeds the time requested postoperatively for the cryotherapy unit. Therefore, the request for the ten day use of an ice machine is not medically necessary or appropriate.