

Case Number:	CM14-0085680		
Date Assigned:	07/23/2014	Date of Injury:	11/10/2008
Decision Date:	09/24/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/09/2014

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 General 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:

This 56 year old male has a date of injury of 11/10/08. He has a rotator cuff tear of the left shoulder and had had prior surgery on this shoulder also. The diagnosis is rotator cuff tear with impingement left shoulder. The request for rotator cuff repair, pre-op medical clearance, post op physical therapy, a shoulder sling was approved. However, the request for a 4 week cooler rental was modified to 7 days. This appeal is with respect to the Therma cooler which the requesting provider wishes to use x 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post Operative Therma Cooler Rental x 4 Weeks: 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: 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, Treatment Index, 9th Edition (web), 2011, Shoulder-Continuous flow cryotherapy.

Decision rationale: There has not been any information provided to this reviewer on appeal that justifies treating this patient as an outlier. Medical evidence-based Guidelines support the use of the cryotherapy unit for up to only the first 7 post op days. Official Disability Guidelines (ODG), Treatment Index, 9th Edition (web), recommends use of a cryo unit for up to 7 days post op therefore, the request is not medically necessary.