

Case Number:	CM13-0032758		
Date Assigned:	12/06/2013	Date of Injury:	12/04/2012
Decision Date:	04/02/2015	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	10/08/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 32-year-old male who reported injury on 12/04/2012. The mechanism of injury was not provided. The documentation of 04/26/2013 revealed the injured worker underwent a rotator cuff surgery with a subacromial decompression and acromioplasty, resection of coracoacromial ligament extensive subacromial and subdeltoid bursectomy, synovectomy, chondroplasty, debridement of the glenohumeral, distal clavicle resection, debridement of the labrum and labral fraying and partial rotator cuff tear. The documentation indicated the request was made due to the 04/26/2013 surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

COLD THERAPY UNIT PURCHASE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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, Continuous Flow Cryotherapy.

Decision rationale: The Official Disability Guidelines indicate that continuous flow cryotherapy is recommended for up to 7 days postoperatively. There was a lack of documentation to warrant nonadherence to guideline recommendations and to support the purchase of the unit. The request as submitted failed to indicate the body part to be treated. Given the above and the lack of documentation of exceptional factors, the request for cold therapy unit purchase is not medically necessary.