

Case Number:	CM14-0160062		
Date Assigned:	12/05/2014	Date of Injury:	11/20/2013
Decision Date:	01/15/2015	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/29/2014

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 Minnesota. 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 injured worker is a 65 year old male who had undergone a right open rotator cuff repair in the past and complained of left shoulder pain. An MRI scan of the left shoulder dated 5/19/2014, revealed a full thickness tear of the supraspinatus with retraction and suspected SLAP lesion. The UR certified the request for arthroscopy with rotator cuff repair vs. open repair of the left shoulder on 8/29/2014. A request for cryotherapy unit purchase was modified to a 7 day rental based on Official Disability Guidelines (ODG). The disputed issue pertains to the purchase vs. rental of this unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Op: 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 (ODG), Treatment Index, 11th Edition (web) 2014, 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 (ODG), Shoulder, Continuous Flow Cryotherapy.

Decision rationale: California MTUS does not address this issue. Official Disability Guidelines (ODG) recommends continuous flow cryotherapy as an option for shoulder surgery for up to 7 days. It reduces pain, swelling and inflammation, and cuts down on the need for narcotics for pain control. However, the use beyond 7 days is not recommended. Therefore, the request for the purchase of the cold therapy unit is not medically necessary.