

Case Number:	CM14-0199601		
Date Assigned:	12/10/2014	Date of Injury:	02/06/2014
Decision Date:	01/27/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/01/2014

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:

According to the records made available for review, this is a 46-year-old male with a 2/6/14 date of injury, and right shoulder arthroscopic labral debridement, biceps tenolysis, rotator cuff tear repair, and open distal clavicle excision on 9/19/14. At the time (11/6/14) of the Decision for purchase of a circulating cold compression therapy pad and pump for the right shoulder, there is documentation of subjective (right shoulder pain) and objective (normal physical exam) findings, current diagnoses (shoulder osteoarthritis, shoulder impingement, and rotator cuff tear), and treatment to date (medications).

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a circulating cold compression therapy pad and pump for the right shoulder:
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 (Acute & Chronic)

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 MTUS does not address this issue. The ODG identifies continuous-flow cryotherapy is recommended as an option after surgery for up to 7 days, including home use. Within the medical information available for review, there is documentation of diagnoses of shoulder osteoarthritis, shoulder impingement, and rotator cuff tear. However, the request for cold compression therapy use exceeds guidelines (up to 7 days). Therefore, based on guidelines and a review of the evidence, the request for purchase of a circulating cold compression therapy pad and pump for the right shoulder is not medically necessary.