

Case Number:	CM14-0203181		
Date Assigned:	12/15/2014	Date of Injury:	07/02/2013
Decision Date:	02/04/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/04/2014

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 Physical Medicine Rehab, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 has a history of a work injury occurring on 07/02/13. He continues to be treated for chronic left shoulder pain. He was seen by the requesting provider on 03/03/14. He had been approved for a shoulder replacement but had improved range of motion. Imaging results were reviewed. The shoulder replacement surgery was canceled and arthroscopic surgery planned. He underwent arthroscopic surgery on 04/01/14. A partial decompression was done. The rotator cuff could not be repaired. On 09/08/14 he was having ongoing symptoms. Other treatments referenced include physical therapy, stretching, and activity modification. Physical examination findings included decreased shoulder range of motion with weakness. Authorization for shoulder replacement surgery was requested. On 10/20/14 he was having ongoing symptoms. He was exercising as much as he could and was still unable to raise his arm to or above shoulder level. The claimant wanted to proceed with the shoulder replacement surgery. On 11/05/14 surgery was pending for the next week. Physical examination findings appear unchanged. He was continued at temporary total disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold compression device rental for 30 days: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Shoulder (Acute & Chronic), Continuous-flow cryotherapy (2) Shoulder (Acute & Chronic), Cold compression therapy

Decision rationale: The claimant is more than 1 years status post work-related injury and continues to be treated for chronic left shoulder pain. Shoulder replacement surgery is planned. Continuous-flow cryotherapy can be recommended as an option after surgery. Cold is believed to have therapeutic benefits including decreasing inflammation and swelling. However, cold compression therapy is not recommended. Therefore the requested cold compression device rental was not medically necessary.