

Case Number:	CM14-0206905		
Date Assigned:	12/18/2014	Date of Injury:	09/13/2005
Decision Date:	02/10/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	12/10/2014

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 Family Practice and is licensed to practice in North Carolina. 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 patient is a 54-year-old with a reported date of injury of 09/13/2005. The patient has the diagnoses of right shoulder subscapular tear, right shoulder rotator cuff tendinosis, right shoulder impingement and right shoulder AC arthropathy. The patient underwent right shoulder arthroscopy with subacromial decompression and Mumford procedure and rotator cuff repair on the supraspinatus and debridement of the subscapularis on 10/27/2014. Per the progress notes from the requesting physician dated 10/29/2014, the patient did well in surgery with the wounds being clean and dry. The treatment plan recommendations included circumduction for 3-4 weeks and then physical therapy in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative day rental of a Game Ready cold therapy unit for the right shoulder x 28 day rental: 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) continuous flow cryotherapy units post shoulder surgery.

Decision rationale: The California MTUS and the ACOEM do not address the specific service request. Per the ODG, continuous flow cryotherapy is generally allowed for postoperative shoulder surgery for up to 7 days, including home use. They have proven to decrease pain, inflammation and swelling. The effect on acute injury treatment has not been fully evaluated. The patient had undergone shoulder surgery. However the request is in excess of the recommended 7-day postoperative use of cryotherapy/cold therapy. Therefore the request is not medically necessary per the ODG.