

Case Number:	CM14-0207100		
Date Assigned:	12/19/2014	Date of Injury:	07/09/2010
Decision Date:	05/27/2015	UR Denial Date:	11/15/2014
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. 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: Orthopedic Surgery, Sports Medicine

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 62-year-old female who reported an injury on 07/09/2010, the mechanism of injury was a trip and fall. The injured worker underwent an MRI of the lower extremity on 04/24/2014 which revealed a massive chronic rotator cuff tear with scarring into the joint capsule with a tendon that was retracted all the way to the glenohumeral joint. The injured worker was to undergo a subsequent surgical procedure for the shoulder and had failed a prior surgery for a massive rotator cuff tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Rental of cold therapy unit for 3 weeks for left 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 (ODG), Shoulder Chapter.

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 indicating a necessity for 3 weeks of continuous flow cryotherapy. Given the above and the lack of documentation, the request for Associated surgical service: Rental of cold therapy unit for 3 weeks for left shoulder is not medically necessary. This exceeds guideline recommendations. The request is not medically necessary.