

Case Number:	CM14-0068437		
Date Assigned:	07/14/2014	Date of Injury:	11/01/2012
Decision Date:	04/15/2015	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/13/2014

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 36-year-old male reported a work-related injury on 11/01/2012. According to the progress notes dated 3/13/14, the injured worker (IW) reports left shoulder pain is well controlled by non-prescription medications. It is stated, however, that the left shoulder continues to slip out of the socket a few times every day. The Injured Worker was diagnosed with a left shoulder labral tear. Previous treatments include medications. The treating provider requests the purchase of a cold therapy unit and shoulder immobilizer for the left shoulder as an outpatient. The Utilization Review on 04/30/2014 non-certified the request for the purchase of a cold therapy unit and shoulder immobilizer for the left shoulder as an outpatient, citing ACOEM Practice Guidelines for Shoulder Disorders-Clinical Measures: Hot or Cold Therapy and Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of cold therapy unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Hot or Cold Therapy; Cryotherapies.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder Continuous-flow Cryotherapy.

Decision rationale: The patient presents with pain affecting the left shoulder. The current request is for Purchase of a cold therapy unit. The treating physician states, "I am requesting authorization for a shoulder immobilizer and cryotherapy unit to address postoperative pain and swelling". (3B) There is currently a pending request for the patient to have a left shoulder arthroscopy and labral repair. The ODG guidelines state, "Recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use". In this case, the patient is not in the post-surgical time frame requiring this medical device and the request is for purchase and not the recommended 7 days. The current request is not medically necessary and the recommendation is for denial.

Shoulder Immobilizer to the Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines) Shoulder Immobilizer.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder Chapter Immobilizer.

Decision rationale: The patient presents with pain affecting the left shoulder. The current request is for Shoulder Immobilizer to the left shoulder. The treating physician states, "I am requesting authorization for a shoulder immobilizer and cryotherapy unit to address postoperative pain and swelling". (3B) There is currently a pending request for the patient to have a left shoulder arthroscopy and labral repair. The ODG guidelines state, "Recommended as an option following open repair of large and massive rotator cuff tears". In this case, the patient is not in the post-surgical timeframe requiring this medical device and there is no documentation that the surgery has been authorized. The current request is not medically necessary and the recommendation is for denial.