

Case Number:	CM14-0080156		
Date Assigned:	07/18/2014	Date of Injury:	02/06/2012
Decision Date:	04/20/2015	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/30/2014

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: 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:

The injured worker is a 53 year old female, who sustained an industrial injury on 2/6/12 after falling and landing on her right shoulder. She is awaiting approval of right shoulder arthroscopy with possible rotator cuff repair, possible labral tear repair, subacromial decompression and Mumford procedure with cryotherapy unit & day) rental. The injured worker complains of post operative right shoulder pain. The injured worker was diagnosed as having failed right shoulder surgery/partial thickness tear rotator cuff, anterior and posterior labral tear, articular cartilage damage at the glenoid, biceps tendon tear with loose body formation. Treatment to date has included status x-rays, physical therapy; right shoulder joint injections (2012 and 2013); post right shoulder open surgery for rotator cuff tear (9/13/12); MR Arthrogram right shoulder (8/19/13).

IMR ISSUES, DECISIONS AND RATIONALES

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

Cryotherapy unit seven 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, continuous flow cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines chapter 'Shoulder (Acute & Chronic)' and topic 'Continuous-flow cryotherapy'.

Decision rationale: The 53 year old patient complains of pain in the right shoulder, and has been diagnosed with right shoulder mild adhesive capsulitis, as per progress report dated 01/06/15. The request is for CROTHERAPY UNIT SEVEN DAY RENTAL. There is no RFA for this case, and the patient's date of injury is 02/06/12. The patient is status post right shoulder rotator cuff repair, as per progress report dated 01/06/15. The patient has been allowed to return to modified work, as per the same progress report. ODG guidelines, chapter 'Shoulder (Acute & Chronic)' and topic 'Continuous-flow cryotherapy', states the following: 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, only one progress report dated 01/06/15 and an AME report dated 11/13/13 have been provided for review. The progress report does not discuss the request nor does the report document any impending surgery to the right shoulder. However, the UR letter states that the treating physician had requested for right shoulder arthroscopy with possible rotator cuff repair, possible labral repair, subacromial decompression, and Mumford procedure. The request for cryotherapy unit is related to this procedure. Nonetheless, this request for surgery was not certified, as per UR. Consequently, the request for cryotherapy unit rental IS NOT medically necessary as well.