

Case Number:	CM14-0087212		
Date Assigned:	07/23/2014	Date of Injury:	09/23/2013
Decision Date:	01/12/2015	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/10/2014

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 Orthopedic Surgery and is licensed to practice in California. 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:

According to the records made available for review, this is a 34-year-old female with a 9/23/13 date of injury. At the time (5/5/14) of the request for authorization for 7 days rental or purchase of cold therapy unit for post-operative use on the left shoulder, there is documentation of subjective (mild-to-moderate aching pain felt primarily laterally at the left shoulder) and objective (tenderness to palpation at the greater tuberosity, positive Hawkin's sign) findings, current diagnoses (rotator cuff tendinosis secondary to subacromial impingement, left shoulder), and treatment to date (subacromial injection and medication).

IMR ISSUES, DECISIONS AND RATIONALES

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

7 days rental or purchase of Cold Therapy Unit for Post-operative use on the left shoulder:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-
<https://www.acoempracguides.org/shoulder>; Table 2, Summary of Recommendations, Shoulder Disorders

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Continuous-flow cryotherapy

Decision rationale: MTUS does not address the issue. ODG supports continuous-flow cryotherapy as an option after surgery for up to 7 days, including home use. Within the medical information available for review, there is documentation of diagnoses of rotator cuff tendinosis secondary to subacromial impingement, left shoulder. However, there is no documentation of a pending surgery that has been authorized/certified. Therefore, based on guidelines and a review of the evidence, the request for 7 days rental or purchase of cold therapy unit for post-operative use on the left shoulder is not medically necessary.