

Case Number:	CM15-0141701		
Date Assigned:	07/31/2015	Date of Injury:	02/18/2014
Decision Date:	08/31/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/21/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

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 57 year old male, who sustained an industrial injury on 2-18-2014. The mechanism of injury is unknown. The injured worker was diagnosed as having right shoulder adhesive capsulitis, right shoulder contusion, right shoulder internal impingement, and traumatic right rotator cuff. There is no record of a recent diagnostic study. Treatment to date has included shoulder manipulation under anesthesia, therapy and medication management. In a progress note dated 6-12-2015, the injured worker complains of right shoulder pain and decreased range of motion and right sided neck pain. Physical examination showed right shoulder tenderness and decreased range of motion. The treating physician is requesting cold therapy unit for the right shoulder rental for 2 weeks. On 6-24-2015, Utilization Review non-certified the request for cold therapy unit for the right shoulder rental for 2 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy unit for the right shoulder rental for 2 weeks: 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), Treatment Index, 11th Edition (web) 2014, Shoulder.

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

Decision rationale: Per the Official Disability Guidelines (ODG), continuous-flow cryotherapy is recommended as an option after surgery, and that postoperative use generally may be up to 7 days, to include home use. Postoperatively, continuous-flow cryotherapy has been proven to decrease pain, inflammation, swelling, and narcotic usage. In the case of this injured worker, continuous-flow cryotherapy may be beneficial, but the request for 14 days is longer than the 7 day ODG recommendation. Therefore, the requested cold therapy unit for the right shoulder rental for 2 weeks is not medically necessary and appropriate.