

Case Number:	CM15-0141949		
Date Assigned:	07/31/2015	Date of Injury:	01/01/2003
Decision Date:	09/02/2015	UR Denial Date:	07/15/2015
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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

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 41 year old male sustained an industrial injury to the neck, right shoulder and bilateral elbows on 1-1-03. Previous treatment included right shoulder surgery times two, physical therapy, injections and medications. Magnetic resonance imaging right shoulder (12-17-14) showed mild acromial arthropathy with mild bursitis, marked tendinopathy throughout especially at the supraspinatus tendon with 50% partial tear without full thickness rotator cuff tear or superior labral anterior posterior tear. In a Doctor's First Report of Occupational Injury dated 7-2-15, the injured worker complained of constant aching neck pain with stiffness, constant aching right shoulder pain with radiation into the neck associated with clicking and popping in the shoulder with any movement and constant aching bilateral elbow pain. The injured worker rated his shoulder pain 7 to 8 out of 10 on the visual analog scale. Physical exam was remarkable for right shoulder with prominence of the acromioclavicular joint with diffuse tenderness to palpation, decreased and painful range of motion with crepitation and positive Neer and Thumbs down tests. Current diagnoses included right shoulder impingement syndrome, partial tear of the rotator cuff, supraspinatus tendon of right shoulder and osteoarthritis of the acromioclavicular joint. The treatment plan included right arthroscopic examination surgery with repair of the cuff as necessary with associated surgical services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Cold therapy unit rental, 10 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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.

Decision rationale: CA MTUS/ACOEM is silent on the issue of shoulder cryotherapy. According to ODG Shoulder Chapter, Continuous flow cryotherapy, it is recommended immediately postoperatively for upwards of 7 days. In this case the request exceeds the guidelines recommendation of 7 days. Therefore the request for 10 day cold therapy rental is not medically necessary.