

Case Number:	CM15-0191827		
Date Assigned:	10/05/2015	Date of Injury:	10/02/2014
Decision Date:	11/19/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	09/29/2015

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: Minnesota, Florida

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:

The injured worker is a 56 year old male, who sustained an industrial injury on 10-2-14. The injured worker is being treated for right shoulder partial rotator cuff tear. Treatment to date has included physical therapy, cortisone injections, activity modifications and oral anti-inflammatory medications. On 9-10-15, the injured worker complains of ongoing pain, weakness and decreased range of motion of right shoulder. He notes his pain is increased with overhead use. He is temporarily totally disabled. On 9-10-15 physical exam revealed tenderness about the acromioclavicular joint with swelling and effusion noted. Neer and Hawkin's test are positive and generalized weakness is noted throughout motion with restricted range of motion. The treatment plan included surgery for right shoulder, post-operative physical therapy, Knapp-Sak sling, purchase of cold unit and continuation of anti-inflammatory medications. On 9-22-15 a request for cold unit for purchase was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical services: Cold unit for purchase: 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, Continuous-flow Cryotherapy.

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

Decision rationale: ODG guidelines recommend continuous-flow cryotherapy as an option for postoperative use after shoulder arthroscopy. It reduces pain, swelling, inflammation, and the need for narcotics after surgery. The unit may be rented for 7 days. Use beyond 7 days is not recommended. As such, the request for purchase of the unit is not supported by evidence-based guidelines and the medical necessity of the purchase has not been substantiated.