

Case Number:	CM15-0020174		
Date Assigned:	02/09/2015	Date of Injury:	10/23/2010
Decision Date:	03/31/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/03/2015

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: Maryland, Virginia, North Carolina
 Certification(s)/Specialty: Plastic 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 54 year old male, who sustained an industrial injury on October 23, 2010. The diagnoses have included shoulder rotator cuff tear and biceps tendonitis. A progress note dated January 20, 2015 provided the injured worker complains of left shoulder pain. Magnetic resonance imaging (MRI) on October 27, 2014 revealed full thickness tear and impingement. He has been approved for surgery on the shoulder. On January 23, 2015 utilization review modified a request for associated surgical service: cold therapy unit (14 rental days) and non-certified a request for associated surgical service: continuous passive motion device (14 rental days). The Official Disability Guidelines (ODG) were utilized in the determination. Application for independent medical review (IMR) is dated January 27, 2015.

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 (14 rental days): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC; ODG Treatment; Integrated Treatment/Disability Duration Guidelines, Shoulder Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, continuous cold therapy

Decision rationale: The patient is a 54 year old male who was approved for shoulder therapy and a short course of continuous cold therapy may be indicated. The use is limited as recommended by ODG: 'Postoperative use generally should not be more than 7 days, including home use.' Thus, the modification was correct to limit to a 7 day use. Thus, a 14 day use should not be considered medically necessary.

Associated Surgical Service: Continuous Passive Motion Device (14 rental days): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC; ODG Treatment; Integrated Treatment/Disability Duration Guidelines, Shoulder Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, shoulder chapter

Decision rationale: The patient is a 54 year old male who was certified for left shoulder surgery including treatment of a rotator cuff tear. As reasoned in the UR, ODG guidelines do not recommend continuous passive motion device for rotator cuff repairs. This requested treatment is not medically necessary.