

Case Number:	CM15-0032006		
Date Assigned:	02/25/2015	Date of Injury:	09/15/2013
Decision Date:	04/08/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/20/2015

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: Texas, California

Certification(s)/Specialty: 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:

This is a 53 year old male patient, who sustained an industrial injury on September 15, 2013. The diagnoses have included rule out cervical disc herniation with radiculopathy and rule out internal derangement to the right shoulder such as rotator cuff tear and impingement. He sustained the injury during a store meeting while throwing a football. Per the doctor's note dated 1/22/2015, He had complaints of right shoulder pain with catching and locking. The physical examination of the right shoulder revealed tenderness over bicipital groove, greater tuberosity, range of motion-180/90/80 degrees and positive Impingement and Obrien test. The medications list includes relafen and ultracet. His surgical history includes carpal tunnel release and nasal surgery. He has had right shoulder MRI dated 11/5/2014 which revealed supraspinatus tear, partial subscapularis tear, subluxation of biceps tendon and longitudinal tear of biceps and AC joint arthritis. He has had physical therapy and chiropractic care for this injury. Surgical intervention with post-surgical physical therapy and a cold therapy unit was requested. On February 10, 2015, Utilization Review non-certified a request for the purchase of a cold therapy unit for unspecified length of use for the right shoulder, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On February 18, 2015, the injured worker submitted an application for IMR for review of requested purchase of a cold therapy unit for unspecified length of use for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a cold therapy unit for unspecified length of use for the right shoulder: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter:Shoulder (updated 02/27/15)Continuous-flow cryotherapy.

Decision rationale: Request: Purchase of a cold therapy unit for unspecified length of use for the right shoulder per the cited guidelines continuous flow cryotherapy/cold therapy unit is Recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. The cited guidelines recommend use of a cold therapy unit for only 7 days post operatively after shoulder surgeries. Patient has been approved for right shoulder surgery. The rationale for not renting a cryotherapy device for temporary postoperative use for 7 days, as recommended in the guidelines, versus requesting a purchase of the device, was not specified in the records provided.