

Case Number:	CM15-0032054		
Date Assigned:	02/25/2015	Date of Injury:	04/20/2012
Decision Date:	05/19/2015	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: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 64-year-old male who reported an injury on 04/20/2012. The mechanism of injury was not specifically stated. The current diagnoses include left shoulder sprain, rule out left elbow lateral epicondylitis, status post left carpal tunnel release, anxiety disorder, mood disorder, sleep disorder, and stress. The only clinical documentation submitted for review is a physician progress report dated 11/04/2014. The injured worker presented with complaints of burning left shoulder pain with radiating symptoms into the forearm and fingers rated 6/10. The injured worker indicated that the pain was aggravated by gripping, grasping, reaching, pulling, lifting, and performing work at or above shoulder level. Upon examination of the left shoulder, there was tenderness at the subacromial space, supraspinatus tenderness, AC joint tenderness, 180 degree flexion, 50 degree extension, 160 degree abduction, 50 degree adduction, 90 degree internal and external rotation, and negative impingement sign. There was 4/5 motor strength in the left upper extremity. It was noted that the injured worker was attending a course of acupuncture for the left shoulder, elbow, and wrist. The injured worker was also scheduled to undergo a PRP treatment for the left shoulder. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op cold therapy unit - 14 day rental: 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) Shoulder Chapter, Continuous flow cryotherapy unit.

Decision rationale: The Official Disability Guidelines recommend continuous flow cryotherapy for up to 7 days following surgery. According to the documentation provided, the injured worker was issued authorization for a left shoulder arthroscopy with possible acromioplasty, Mumford procedure and subacromial decompression. However, the current request for a 14 day rental of a postoperative cold therapy unit exceeds guideline recommendations. As such, the request is not medically appropriate at this time.