

Case Number:	CM15-0046754		
Date Assigned:	03/18/2015	Date of Injury:	01/28/2011
Decision Date:	05/01/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/11/2015

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: Physical Medicine & Rehabilitation

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 46 year old female sustained an industrial injury on 1/28/11. She subsequently reported right shoulder pain. Treatments to date have included shoulder surgery, physical therapy and prescription pain medications. The injured worker continues to experience ongoing right shoulder pain and weakness. A request for Intermittent cold therapy unit with wrap, 30 day rental extension #1 was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intermittent cold therapy unit with wrap, 30 day rental extension #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Wrist.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines chapter 'Shoulder (Acute & Chronic)' and topic 'Continuous-flow cryotherapy.'

Decision rationale: The 46 year old patient is status post arthroscopic subacromial decompression of the right shoulder and complains of residual pain that is aggravated by activity,

as per progress report dated 11/17/14. The request is for INTERMITTENT COLD THERAPY UNIT WITH WRAP, 30 DAY RENTAL EXTENSION #1. The RFA for the case is dated 11/14/14, and the date of patient's injury is 01/28/11. The patient is status post open repair of right common extensor tendon with suture anchor on 10/16/14, and is status post right wrist carpal tunnel release on 08/14/14, as per operative reports. The progress reports do not document the patient's work status. ODG guidelines, chapter 'Shoulder (Acute & Chronic)' and topic 'Continuous-flow cryotherapy', "Recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use." In this case, none of the progress reports document the use of cold therapy and purpose of this extension request. While the request may be related to prior surgery, there is no discussion regarding efficacy as well. Nonetheless, ODG guidelines support the use of cold therapy only for acute pain. Hence, the request for extension IS NOT medically necessary.