

Case Number:	CM15-0054132		
Date Assigned:	03/27/2015	Date of Injury:	08/08/2012
Decision Date:	05/01/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/23/2015

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: Arizona, 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:

The injured worker is a 49 year old male, who sustained an industrial injury on August 8, 2012. He reported experiencing right shoulder and neck pain after digging around a pipe. The injured worker was diagnosed as having right shoulder pain with partial rotator cuff tear. Treatment to date has included medications, physical therapy, cortisone injections, and shoulder surgery. On February 27, 2015 he was seen for continued right shoulder pain. The records indicate he continues to have shoulder pain despite extensive physical therapy, injections, and surgery. The treatment plan included request for right shoulder arthroscopy. The request is for a cold therapy unit and shoulder pad.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold Therapy Unity and Shoulder pad: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-shoulder chapter and pg 10.

Decision rationale: According to the guidelines, cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage. In this case, the claimant has shoulder arthroscopy and thought the cold therapy unit may be appropriate, it is limited for 7 days use. In this case, the length of use is not specified and therefore is not medically necessary. The request for a shoulder pad was not substantiated for its use /purpose or length of application and is not medically necessary.