MAXIMUS Federal Services

Case Number:	CM15-0054550		
Date Assigned:	03/27/2015	Date of Injury:	06/18/2012
Decision Date:	05/05/2015	UR Denial Date:	03/11/2015
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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 57-year-old who has filed a claim for chronic neck, shoulder, and hand pain reportedly associated with an industrial injury of June 18, 2012. In a utilization review report dated March 11, 2015, the claims administrator failed to approve a request for a motorized cold therapy unit. An RFA form of March 9, 2015 was referenced in the determination, along with progress notes of January 19, 2015 and December 8, 2014. The claims administrator seemingly denied the request on the grounds that an associated request for shoulder surgery had also been deemed not medically necessary. The applicant's attorney subsequently appealed. On January 19, 2015, the applicant reported ongoing complaints of neck and shoulder pain with paresthesias about the bilateral hands also evident. A positive impingement maneuver was noted about the shoulder. The applicant was asked to remain off of work, on total temporary disability. Authorization for a right shoulder arthroscopy and bilateral carpal tunnel release surgery was sought. In a February 16, 2015 progress note, the applicant was again placed off of work, on total temporary disability, for an additional six weeks. The attending provider reiterated his request for shoulder arthroscopy and bilateral carpal tunnel release surgery. The remainder of the file was surveyed. There was no evidence that the applicant had received, was scheduled to undergo, and/or had received approval for the surgery in question.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative rental of motorized cold unit for 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 (ODG), Continuous flow cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Integrated Treatment/ Disability Duration Guidelines Shoulder Disorders Continuous-flow cryotherapy.

Decision rationale: No, the request for a postoperative cold therapy unit is not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. While ODG's Shoulder Chapter, Continuous-Flow Cryotherapy Topic does acknowledge that continuous-flow cryotherapy can be employed for up to one week postoperatively, in this case, however, the shoulder surgery in question was denied by the claims administrator. There was no evidence that the applicant had undergone, was scheduled to undergo, and/or had received authorization for the procedure in question. Therefore, the derivative or companion request for a motorized cold therapy unit for postoperative use purposes is likewise not medically necessary.