

Case Number:	CM14-0125939		
Date Assigned:	08/13/2014	Date of Injury:	11/20/2013
Decision Date:	10/22/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/08/2014

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 65-year-old male who reported an injury due to a slip and fall on 11/20/2013. On 07/23/2014, his diagnoses included bilateral shoulder rotator cuff tear status post right shoulder open repair. His right shoulder arthroscopic subacromial decompression and rotator cuff repair was performed on 02/03/2014. He was wearing an arm sling on his right side. His complaints included left shoulder pain. He was noticing improvement regarding his right shoulder. On 07/23/2013, there were orders for a left shoulder arthroscopic versus open rotator cuff repair, a preoperative medical consultation, a cold therapy unit, and a shoulder sling with abduction pillow. On 12/18/2013, there was a request for a preoperative medical consultation, a cold therapy unit and a shoulder sling with abduction pillow. The request was for an authorization for left shoulder arthroscopic versus open rotator cuff repair. There was no rationale or request for authorization included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold Therapy Unit: 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), Treatment Index, 11th Edition (web), 2013, Shoulder, Continuous-flow cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Cold compression therapy, Cold packs.

Decision rationale: The request for cold therapy unit is not medically necessary. The Official Disability Guidelines do not recommend cold compression therapy in the shoulder as there are no published studies. Cold packs however, are recommended. The guidelines do not support the use of a cold therapy unit. Additionally, the body part or parts to have been treated with the proposed unit were not included in the request. Furthermore, frequency of application was not included in the request. Therefore, this request for cold therapy unit is not medically necessary.