MAXIMUS Federal Services

Case Number:	CM14-0144359		
Date Assigned:	09/12/2014	Date of Injury:	04/20/2009
Decision Date:	10/29/2014	UR Denial Date:	08/09/2014
Priority:	Standard	Application Received:	09/05/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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:

This is a female patient with a date of injury of April 20, 2009. A utilization review determination dated August 9, 2014 recommends non-certification of a postoperative cold therapy unit - shoulder immobilizer. A progress note dated July 28, 2014 identifies subjective complaints of left shoulder pain, history of a shoulder arthroscopy in 2011, the patient is consistent and compliant with a home exercise program, recent cortisone injection with temporary decrease in pain, activity related shoulder and deltoid area pain, intermittent radiation of pain to the deltoid and into the cervical area, pain that is aggravated with overhead reaching activity, treatment has included anti-inflammatory agents as well as activity modification, the patient characterizes her pain as sharp, dull, and achy. Physical examination identifies tenderness of the left shoulder along the anterior aspect of the acromion and laterally, tenderness over the AC joint, positive cross arm adduction maneuver, positive impingement sign with internal rotation, and mild weakness with forward flexion with guarding distally. The diagnoses include left shoulder impingement, rotator cuff tendinitis, and labral tear. The treatment plan recommends a request for authorization for an arthroscopic shoulder procedure including evaluation and possible repair of the rotator cuff, request for a cold therapy unit, and a request for an abduction sling/support. An MRI of the left upper extremity done on May 29, 2014 identifies a moderate supraspinatus and infraspinatus tendinosis with no tear identified, blunting and fraying of the superior labrum, free edge tearing of the posterosuperior labrum and attrition of the posteroinferior labrum, small glenohumeral joint effusion, and trace fluid in the subacromial/subdeltoid bursa.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative cold therapy unit-shoulder immobilizer: 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)

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 section

Decision rationale: Regarding the request for post-operative cold therapy unit shoulder immobilizer. ODG cites that continuous-flow cryotherapy is recommended as an option after surgery for up to 7 days, including home use, but not for non-surgical treatment. Within the documentation available for review, it appears that the intended arthroscopic surgery was denied. Furthermore, the request did not specific number days for the use of the cold therapy shoulder unit. As such, the currently requested post-operative cold therapy unit shoulder immobilizer is not medically necessary.