

Case Number:	CM14-0144772		
Date Assigned:	09/12/2014	Date of Injury:	06/25/2012
Decision Date:	10/14/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/08/2014

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 Orthopedic Surgery and is licensed to practice in Pennsylvania. /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 56-year-old gentleman who twisted his left ankle as he descended a step stool at work causing him to fall to the ground on 06/25/12. The medical records provided for review document current concern for the claimant's left shoulder for which he has failed conservative care. There is a recommendation for left shoulder arthroscopy, subacromial decompression, distal clavicle resection, rotator cuff repair and glenoid assessment. Postoperative treatment is being recommended in the form of the purchase of a [REDACTED] Iceman Pad and system.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative [REDACTED] Iceman: 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 Chapter, Continuous- Flow Cryotherapy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205, 555-556. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure - Continuous-flow cryotherapy

Decision rationale: Based on the California ACOEM Guidelines and supported by the Official Disability Guidelines, the request for a [REDACTED] Iceman unit would not be recommended as medically necessary. The request in this case is for purchase with no timeframe of use specified. The ACOEM Guidelines support application of ice packs for treatment of pain and swelling. The Official Disability Guidelines recommend the use of cryotherapy devices in the postoperative setting for up to seven days including home use. The purchase of the [REDACTED] Iceman Unit would exceed the standard guideline recommendation and cannot be supported based on the requested timeframe for use and purchase. The request for Postoperative [REDACTED] Iceman is not medically necessary and appropriate.

Postoperative [REDACTED] Iceman pad purchase: 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 Chapter, Continuous- Flow Cryotherapy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205, 555-556.

Decision rationale: The request for a [REDACTED] Iceman unit is not recommended as medically necessary. Therefore, the request for purchase of the [REDACTED] Iceman pad is also not medically necessary.