

Case Number:	CM14-0162180		
Date Assigned:	10/07/2014	Date of Injury:	08/10/2007
Decision Date:	10/31/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/02/2014

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 New York. 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 patient is a 50-year-old male with left shoulder pain left knee pain and left elbow pain. The patient had left shoulder arthroscopy. The patient continues to have left shoulder pain. At issue is whether postoperative hot cold compression therapy for 30 days is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative intermittent hot/cold compression body part wrap: 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 Chapter

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

Decision rationale: Official Disability Guidelines allow 7 days of cold therapy unit postoperatively in some situations but not heat or compression therapy. The request is for intermittent hot cold impression therapy. This is not supported by ODG guidelines. Medical literature does not show that this device improves outcomes after shoulder surgery. A hot/ cold compression device is not medically necessary.