

Case Number:	CM14-0168050		
Date Assigned:	10/15/2014	Date of Injury:	12/08/2010
Decision Date:	11/18/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/13/2014

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 Minnesota. 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 54 year old female with a history of repetitive trauma to the right shoulder. The date of injury is 12/08/2010. The worker has chronic pain and impingement in the right shoulder. The MR Arthrogram of 7/22/2014 revealed a full thickness rotator cuff tear and degenerative changes. UR has approved arthroscopy of the right shoulder with subacromial decompression, partial acromioplasty, rotator cuff repair and 7 days rental of postoperative cryotherapy. The disputed issue pertains to purchase of the postoperative cold therapy unit for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OP COLD THERAPY UNIT RIGHT SHOULDER FOR PURCHASE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Shoulder, Continuous flow cryotherapy

Decision rationale: California MTUS does not address post-operative cryotherapy. Official Disability Guidelines (ODG) guidelines indicate use of continuous flow cryotherapy as an option

after surgery for up to 7 days including home use. It helps with the pain, swelling, inflammation as well as need for narcotic analgesics. Rental for 7 days has already been approved. The request for purchase of the cold therapy unit for postoperative use is therefore not medically necessary.