

Case Number:	CM14-0181536		
Date Assigned:	11/06/2014	Date of Injury:	06/14/2002
Decision Date:	12/16/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/31/2014

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 Surgeon 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 has a date of injury of June 14, 2002, The patient is a 60-year-old female. She has lower stability weakness secondary to polio. She has chronic right shoulder pain. MRI of the right shoulder from December 2012 shows full thickness rotator cuff tear. There is also arthritis of the a.c. joint. There is a possible biceps tendon tear. On physical examination the patient has reduced range of motion of the right shoulder. There is tenderness to the right a.c. joint. Motor strength is 2/5 on the right. The patient has failed conservative measures including physical therapy activity modification and cortisone injection. The patient is indicated for shoulder surgery. At issue is whether cold therapy is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot/Cold contrast 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), Chapter 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 Chapter.

Decision rationale: ODG guidelines do not advocate hot cold therapy after shoulder surgery. There is no medical literature to show improved outcomes with hot cold therapy treatment after shoulder surgery. Guidelines do not support the use of hot cold therapy after shoulder surgery. The request for Hot cold therapy is not medically necessary.