

Case Number:	CM14-0182454		
Date Assigned:	11/07/2014	Date of Injury:	08/02/2013
Decision Date:	12/17/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/03/2014

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 60 year old female with chronic right shoulder pain and stiffness. She has been treated conservatively for adhesive capsulitis and possible rotator cuff tear, She failed non-operative treatment and is certified by UR for arthroscopy with lysis of adhesions and possible rotator cuff repair. The disputed issue pertains to a one week rental of continuous flow cryotherapy unit with pad for post-operative use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pad: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Topic: Continuous flow cryotherapy

Decision rationale: California MTUS does not address use of this equipment. ODG guidelines recommend the post-operative use of continuous flow cryotherapy for one week after shoulder surgery. It relieves pain, reduces swelling, and inflammation and cuts down the need for

narcotics for pain control. Complications are rare. The requested pad is a part of the rental unit and is medically necessary per guidelines.

Cryotherapy rental 1 week: Overturned

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

Decision rationale: California MTUS does not address this issue. ODG guidelines recommend the use of post-operative continuous flow cryotherapy for one week after shoulder surgery. It reduces pain, swelling, inflammation, and reduces the need for narcotics for pain control. Based upon the guidelines the requested one week rental of the continuous flow cryotherapy unit is medically necessary.