

Case Number:	CM14-0094236		
Date Assigned:	07/25/2014	Date of Injury:	12/18/2013
Decision Date:	09/19/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/23/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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:

According to the records made available for review, this is a 64-year-old female with a 12/18/13 date of injury. At the time (5/22/14) of the request for authorization for Cold Therapy Unit (CTU), there is documentation of subjective (pain in the left shoulder) and objective (decreased left shoulder range of motion, positive Neer, positive Hawkins impingement, and positive Jobe test, abduction and external rotation strength is 4/5) findings, current diagnoses (persistent symptomatic high-grade partial and nearly complete rotator cuff tear unresponsive to conservative management), and treatment to date (physical therapy, medication, and subacromial cortisone injection). In addition, there is documentation that surgery was certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold Therapy Unit (CTU): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2010 Revision, Web edition Official Disability Guidelines: Chapter Shoulder, Web Edition.

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

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) does not address the issue. Official Disability Guidelines (ODG) supports continuous-flow cryotherapy as an option after surgery for up to 7 days, including home use. Within the medical information available for review, there is documentation of diagnoses of persistent symptomatic high-grade partial and nearly complete rotator cuff tear unresponsive to conservative management. In addition, there is documentation of a pending surgical procedure. However, there is no documentation of the specific duration/timeframe for the cold therapy unit is. Therefore, based on guidelines and a review of the evidence, the request for Cold Therapy Unit (CTU) is not medically necessary.