

Case Number:	CM14-0212092		
Date Assigned:	01/02/2015	Date of Injury:	01/01/2013
Decision Date:	03/24/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 55-year-old female who reported an injury on 01/16/2013. The mechanism of injury was the injured worker was turning a patient by herself and using 1 arm to clean him. She strained her shoulder. The injured worker underwent an x-ray of the shoulder, which revealed a type 2 acromion and some lateral downsloping. There was asymptomatic AC joint degeneration. The injured worker had an MRI of the right shoulder revealing a full thickness rotator cuff tear. The diagnosis was full thickness rotator cuff tearing with impingement right shoulder. The physician documented the injured worker had failed therapy and anti-inflammatory medications, and was a good candidate for arthroscopy, subacromial decompression and rotator cuff repair. Physical examination revealed marked tenderness over the rotator cuff insertion. There was mild rotator cuff weakness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative purchase of a cold therapy unit with pad and wrap right shoulder: 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), Shoulder Chapter, 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, Cryotherapy.

Decision rationale: The Official Disability Guidelines indicate that continuous flow cryotherapy is appropriate for up to 7 days, including home use. The purchase of a cold therapy unit would not be supported. The documentation indicated the injured worker was to undergo shoulder surgery, which would support the request for 7 days. Given the above and the lack of documentation of exceptional factors, the request for post-operative purchase of a cold therapy unit with pad and wrap right shoulder is not medically necessary.

Post-operative CPM rental for 21 days with purchase of supplies: 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), Shoulder Chapter, Continuous passive motion (CPM)

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 Passive Motion (CPM).

Decision rationale: The Official Disability Guidelines indicate that continuous passive motion is not recommended for shoulder rotator cuff problems. The clinical documentation submitted for review indicated the surgical intervention was for a rotator cuff problem. As such, this request would not be supported. Given the above, the request for post-operative CPM rental for 21 days with purchase of supplies is not medically necessary.