

Case Number:	CM14-0214014		
Date Assigned:	12/31/2014	Date of Injury:	03/19/2014
Decision Date:	02/28/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/19/2014

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: New York, New Hampshire, Washington
Certification(s)/Specialty: Orthopedic Surgery

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 chronic shoulder pain. MRI of the left shoulder from June 2014 show subacromial impingement syndrome with partial tear of the supraspinatus tendon. The patient continues to have pain despite conservative measures. On physical examination there is decreased range of motion of the left shoulder. There is tenderness to the a.c. joint. There is normal muscle strength but positive impingement. The patient has been indicated for arthroscopic left shoulder surgery. At issue is whether preoperative testing and postoperative cold therapy her medically needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-op medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-TWC shoulder chapter.

Decision rationale: ODG guidelines note that the decision for preoperative tests should be guided by the patient's clinical history, comorbidities and physical exam findings. With the approval of surgery, the medical necessity for preoperative medical clearance should be guided by documentation of medical risk factors. In this case, the patient does not have medical risk factors that would warrant preoperative medical clearance. There is no past medical history of significance document the medical records. Patient shoulder surgery is limited with respect to blood loss and extent of surgery. The need for Preoperative medical clearance has not been established in the medical records.

Coolcare cold therapy unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation ODG-TWC

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG shoulder chapter

Decision rationale: ODG guidelines recommend up to 7 days of cold therapy after shoulder surgery. However, guidelines do not indicate that coolcare therapy is more beneficial than conventional ice pack therapy. Also, the request for coolcare therapy does not indicate that is the less than 7 days. Medical necessity for cool care therapy has not been established. ODG guidelines do recommend 7 days of cold therapy after shoulder surgery and this can be achieved with conventional ice packs. Since a number of days of cool care therapy does not include established, cool care therapy is not medically necessary.