

Case Number:	CM14-0214724		
Date Assigned:	01/05/2015	Date of Injury:	10/05/2013
Decision Date:	03/03/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/22/2014

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: Minnesota, Florida
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 injured worker is a 62 year old male with a date of injury of 10/5/2013. He has multiple orthopedic issues including lumbago, intermittent right leg radiculopathy, right shoulder impingement, right shoulder rotator cuff tear, right shoulder acromioclavicular arthritis, right knee partial anterior cruciate ligament tear, and a right hip labrum tear. The plan includes right hip arthroscopy with labral repair and a right shoulder rotator cuff repair. A request for durable medical equipment game-ready rental was modified by utilization review to a continuous-flow cryotherapy unit rental for 7 days using ODG guidelines. This is now appealed to an independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Game Ready Vascompression and Cold Therapy Unit rental for twenty-eight (28) days:
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, Cold compression therapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Section: Shoulder, Topic: cold compression, continuous flow cryotherapy

Decision rationale: California MTUS does not address this issue. ODG guidelines are therefore used. The Game Ready Unit is a combined cold compression and cryotherapy unit. ODG guidelines do not recommend cold compression therapy in the shoulder as there are no published studies. Continuous-flow cryotherapy is recommended as an option after shoulder surgery for 7 days. It has been proven to decrease pain, inflammation, swelling, and narcotic usage after surgery. Rental beyond 7 days is not recommended. As such, the request for a Game Ready Vascompression and Cold Therapy Unit is not supported and is not medical necessity.