

Case Number:	CM15-0010646		
Date Assigned:	01/28/2015	Date of Injury:	07/23/2013
Decision Date:	03/20/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/20/2015

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: Physical Medicine & Rehabilitation

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 was a 54 year old female, who sustained an industrial injury, July 23, 2013. The injury occurred, when the injured worker slipped and fell on an ice cube. The injured workers chief complaint was continued pain in the left knee and left shoulder. The injured worker was diagnosed with left shoulder rotator cuff tear with labral tear, left knee patellafemoral joint for chondromalacia and a partial medial and partial lateral meniscectomy. The injured worker received the following treatments left shoulder arthroscopic surgery, injections, physical therapy, laboratory studies, left knee arthroscopic surgery October 21, 2014 and crutches left shoulder immobilizer sling with pillow. December 30, 2014, the primary treating physician requested purchase of a cold therapy unit for postoperative care after rotator cuff surgery and left knee surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment Post-Op Modified-Cold Therapy Unit For 7 Day Rental
Quantity: 7: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Treatment Index, 13th Edition, shoulder section- criteria for Continuous-flow cryotherapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder Chapter, Cold Compression

Decision rationale: The patient presents with pain and weakness in her left shoulder and left knee. The patient is s/p left knee arthroscopy on 10/21/14. The request is for 7 DAY'S RENTAL OF COLD THERAPY UNIT. The patient will be off until 02/01/15. The MTUS and ACOEM guidelines do not discuss cold therapy units. Therefore, ODG Guidelines are referenced. ODG guidelines, under Shoulder Chapter, Cold Compression section states, "Not recommended in the shoulder, as there are no published studies." In this case, the RFA on 12/15/14 and the 11/24/14 physician's report indicate that the treater requested cold therapy unit as post-op aid following the left shoulder rotator cuff repair surgery, which is not scheduled yet. However, ODG guidelines does not recommend cold therapy unit for shoulder condition. It is recommended for knee condition only. Therefore, the request of DME cold therapy unit IS NOT medically necessary.