

Case Number:	CM15-0018821		
Date Assigned:	02/06/2015	Date of Injury:	12/01/2009
Decision Date:	03/30/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/02/2015

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: 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, who sustained an industrial injury on December 1, 2009. The diagnosis is bilateral shoulder pain. A progress note dated December 3, 2014 provides the injured worker has continued shoulder pain right greater than left. Several attempts for magnetic resonance imaging (MRI) were unsuccessful due to anxiety and pain. Magnetic resonance imaging (MRI) on October 8, 2014 shows supraspinatus tear and effusion in the joint. Physical exam reveals 5/5 muscle strength of the shoulder with full range of motion (ROM). Plan is for surgery. On January 16, 2015 utilization review modified a request for cold therapy to a 7 day rental. The Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) were utilized in the determination. Application for independent medical review (IMR) is dated January 29, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy: 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)

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

Decision rationale: ODG guidelines recommend continuous flow cryotherapy after shoulder surgery. It reduces pain, swelling, inflammation, and cuts down the need for narcotics after surgery. General use is recommended for seven days. Use beyond 7 days is not necessary. Utilization Review has certified a 7 day rental of the unit. The request as stated for cold therapy does not specify if it is for purchase or rental and also does not specify the duration of the rental. As such, the medical necessity of the request cannot be substantiated.