

Case Number:	CM15-0113425		
Date Assigned:	06/19/2015	Date of Injury:	03/01/2011
Decision Date:	07/20/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/12/2015

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: 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 44-year-old, female who sustained a work related injury on 3/1/11. The diagnoses have included bicipital tendinitis and status post right shoulder surgery. Treatments have included physical therapy, occupational therapy, medications, cortisone injections in right shoulder, right shoulder surgery and modified work duty. In the Visit Note dated 5/4/15, the injured worker complains of right shoulder pain. She describes the shoulder pain as throbbing, aching, stabbing and burning with associated right arm pain and weakness. She states the pain is a 9/10 on a bad day. She has decreased range of motion in the right shoulder. She has tenderness to touch of the right bicipital groove and subacromial space. The treatment plan includes orders for right shoulder surgery, an arm sling, postoperative physical therapy and pre-authorization for an ice machine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Game ready ice unit for 7-10 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PubMed - indexed for Medline.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder Chapter, Continuous flow cryotherapy.

Decision rationale: CA MTUS/ACOEM is silent on the issue of shoulder cryotherapy. According to ODG Shoulder Chapter, Continuous flow cryotherapy, it is recommended immediately postoperatively for upwards of 7 days. In this case, the request exceeds the guidelines recommendation of 7 days. Therefore, the determination is for non-certification.