

Case Number:	CM15-0127167		
Date Assigned:	07/13/2015	Date of Injury:	03/20/2015
Decision Date:	08/11/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/01/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 68-year-old who has filed a claim for shoulder, arm, hip, and low back pain reportedly associated with an industrial injury of March 20, 2015. In a Utilization Review report dated June 17, 2015, the claims administrator failed to approve a request for a seven-day rental of a postoperative cold compression unit. A May 29, 2015 RFA form was referenced in the determination. The applicant's attorney subsequently appealed. Shoulder MRI imaging dated April 15, 2015 was notable for a massive rotator cuff tear involving the supraspinatus and infraspinatus tendons with associated retraction of torn fibers superimposed on arthritic changes. In a progress note dated May 14, 2015, the applicant consulted a shoulder surgeon. A shoulder arthroscopy, rotator cuff repair procedure, and distal claviclectomy were proposed, along with the cold compression unit rental in question.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative Cold Compression Unit x 7 days, right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder, Cold Compression Therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Disorders, Cold compression therapy.

Decision rationale: No, the request for a postoperative cold compression unit seven-day rental was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, ODG's Shoulder Chapter Cold Compression Therapy topic notes that cold compression therapy is not recommended in the shoulder. The attending provider did not, furthermore, furnish a rationale for selection of this particular modality in the face of the unfavorable ODG position on the same. The attending provider did not state why more conventional continuous-flow cryotherapy, which is ODG-recommended, could not be employed here, for instance. Therefore, the request was not medically necessary.