

Case Number:	CM15-0177336		
Date Assigned:	09/28/2015	Date of Injury:	07/24/2014
Decision Date:	11/03/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/09/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 injured worker is a 46 year old female, who sustained an industrial injury on 7-24-2014. She reported injuries to the right knee, low back, and right upper extremity from a slip and fall. Diagnoses include right shoulder tendinosis, degenerative tear of the superior glenoid labrum per MRI dated 9-30-14. Treatments to date include activity modification, medication therapy, physical therapy, and cortisone injection to the shoulder. Currently, she complained of ongoing right shoulder pain. On 7-10-15, the physical examination documented right shoulder tenderness with positive Neer's, Hawkin's, and Jobe's tests. The plan of care included right shoulder arthroscopy and associated services. The appeal requested authorization for a cold therapy unit for 10 days. The Utilization Review dated 8-14-15, modified the request to allow continuous cryotherapy for 7 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy unit x 10 days; sling: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder-Continuous-flow cryotherapy and Postoperative abduction pillow sling.

Decision rationale: Cold therapy unit x 10 days; sling is not medically necessary per the ODG Guidelines as written. The MTUS does not address cold therapy units. The ODG states that continuous-flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. Postoperative abduction pillow sling is recommended as an option following open repair of large and massive rotator cuff tears and other shoulder surgeries per the ODG. The request is not clear on whether this is a postoperative abduction pillow sling, however it appears that on 8/14/15 a postoperative sling was certified. Furthermore, the request exceeds the recommended 7 day period for a cold therapy unit therefore this entire request of cold therapy unit x 10 days; sling is not medically necessary.