

Case Number:	CM15-0042025		
Date Assigned:	04/10/2015	Date of Injury:	01/12/2004
Decision Date:	06/11/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/05/2015

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 58 year old male, who sustained an industrial injury on 01/12/2004. The initial complaints or symptoms included pain/injury to both shoulders of unknown mechanism. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, x-rays, MRIs, electrodiagnostic testing, trigger point injections, and conservative therapy. Currently, the injured worker complains of bilateral shoulder pain and weakness (left greater than right). The pain was noted to be located in the lateral deltoid and trapezius area and aggravated by lifting and overhead use. The injured worker reported little to no benefit from physical therapy and that there had been no recent injections. The diagnoses include bilateral rotator cuff impingement, AC joint arthrosis, and possible labral tear. The treatment plan consisted of left shoulder acromioplasty with possible labral tear repair, and possible rotator cuff repair, pre-operative laboratory testing and EKG, post-operative physical therapy, immobilizer, pain medication and cold therapy unit (denied).

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op cold therapy unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: ODG guidelines recommend continuous-flow cryotherapy as an option after shoulder surgery. The general period of use is 7 days after surgery. Use beyond 7 days is not recommended. It reduces swelling, pain, inflammation, and the need for narcotics after surgery. The request as stated does not specify if it is a purchase or rental and also does not specify the duration of the rental. As such, the request for cold therapy unit is not supported and the medical necessity of the request has not been substantiated.