

Case Number:	CM15-0063788		
Date Assigned:	04/09/2015	Date of Injury:	12/16/2014
Decision Date:	05/12/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/03/2015

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 [REDACTED] beneficiary who has filed a claim for chronic shoulder and knee pain reportedly associated with an industrial injury of December 16, 2014. In a Utilization Review report dated March 10, 2015, the claims administrator failed to approve a request for a hot and cold unit. A February 24, 2015 RFA form was referenced in the determination. The applicant's attorney subsequently appealed. In a work status report dated March 9, 2015, the applicant was placed off of work, on total temporary disability, for 14 days. The note was handwritten and very difficult to follow. On March 12, 2015, the applicant did undergo a shoulder arthroscopy, debridement, subacromial decompression, and mini open rotator cuff repair surgery to ameliorate diagnoses of shoulder labral tear, rotator cuff tear, and impingement syndrome. In an RFA form, dated February 24, 2015, authorization was sought for a purchase of a hot and cold unit, interferential unit, batteries, and electrodes. No clinical progress notes were attached to the RFA form.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot and cold unit: 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)-shoulder chapter, cold compression therapy, compression garments.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Integrated Treatment/ Disability Duration Guidelines Shoulder Disorders Continuous-flow cryotherapy.

Decision rationale: No, the proposed hot and cold unit (purchase) was not medically necessary, medically appropriate, or indicated here. Based on the timing of the request, the request appeared to represent a request for a postoperative purchase of a continuous heating/cooling device. The MTUS does not address the topic of continuous cooling/heating devices. However, ODG's Shoulder Chapter Continuous Flow Cryotherapy topic notes that postoperative usage of continuous flow cryotherapy devices should be limited to seven days of home use. Here, thus, the request for a hot and cold unit purchase did, in fact, represent treatment in excess of ODG parameters. No clinical progress notes were attached to the February 24, 2015 RFA form so as to augment the request at hand. Therefore, the request was not medically necessary.