

Case Number:	CM15-0090771		
Date Assigned:	05/15/2015	Date of Injury:	03/10/2012
Decision Date:	06/24/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/11/2015

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:

Certification(s)/Specialty:

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 51-year-old male sustained an industrial injury to the left shoulder on 3/10/12. The injured worker received approval for left shoulder surgery with associated surgical services including a 7-day cold therapy unit rental in December 2014; however, the procedure was cancelled due to elevated blood sugar. In a PR-2 dated 4/7/15, the injured worker had been cleared to proceed with left shoulder surgery on 4/9/15 with improved blood sugar. The injured worker complained of ongoing left shoulder pain, stiffness and weakness. Past medical history included diabetes mellitus, hypertension, depression, and anxiety and panic attacks. Current diagnoses included shoulder joint pain, shoulder internal derangement and left shoulder partial rotator cuff tear. The injured worker underwent left shoulder rotator cuff repair, biceps tenodesis and capsular release on 4/9/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extension of authorization for 7 more days for-Cold Therapy Unit Rental- allow for decreased use of oral narcotics: 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, Continuous-flow cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Continuous cryotherapy.

Decision rationale: Pursuant to the Official Disability Guidelines, extension authorization for seven more days' cold therapy unit rental to allow or decrease oral narcotics is not medically necessary. Continuous flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use maybe for up to seven days, including home use. In the postoperative setting, continuous flow cryotherapy units have been proven to decrease pain, inflammation, swelling and narcotic use; however, the effect on more frequently treated acute injuries has not been fully evaluated. In this case, the injured worker's working diagnoses are painting joint shoulder; unspecified derangement joint shoulder; other affectations shoulder; and unspecified preoperative examination. The injured worker is scheduled for left shoulder arthroscopy and subacromial decompression. A seven-day rental for the cold therapy unit was previously authorized. The injured worker has not undergone the authorized surgical procedure. There is no clinical indication or rationale in the medical record for an additional seven days. The continuous flow cryotherapy is recommended for up to seven days. There are no compelling clinical facts documented in the medical record indicating additional rental time is indicated. Consequently, absent compelling clinical documentation with a clinical indication and rationale for an extension, extension authorization for seven more days' cold therapy unit rental to allow or decrease oral narcotics is not medically necessary.