

Case Number:	CM15-0091949		
Date Assigned:	05/18/2015	Date of Injury:	01/27/2013
Decision Date:	06/25/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/12/2015

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: 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 injured worker is a 58 year old male, who sustained an industrial injury on 1/27/13. The injured worker has complaints of right shoulder pain and weakness. The documentation noted on examination that he injured worker has external rotation 40 degrees, weakness noted with abduction and external rotation. The diagnoses have included rotator cuff tear; lumbosacral spondylosis without myelopathy and knee pain. Treatment to date has included right shoulder arthroscopic on 3/16/15. The request was for retrospective date of service 03/16/15-04/16/15 authorized extension of post-operative durable medical equipment cold compression unit rental x30 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: DOS: 03/16/15-04/16/15 authorized extension of post-operative Durable Medical Equipment: cold compression unit rental x30 days: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter/Cold Compression Therapy Section/Continuous-flow Cryotherapy Section.

Decision rationale: The MTUS Guidelines do not address the use of cold compression therapy for the shoulder. The ODG does not recommend the use of cold compression therapy for the shoulder as there are no published studies. Continuous-flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be 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 usage. This request is for a 30 day rental period which exceeds the established guidelines, therefore, the request for DOS: 03/16/15-04/16/15 authorized extension of post-operative Durable Medical Equipment: cold compression unit rental x30 days is determined to not be medically necessary.