

Case Number:	CM14-0074598		
Date Assigned:	07/16/2014	Date of Injury:	08/24/2012
Decision Date:	09/24/2015	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/22/2014

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: Physical Medicine & Rehabilitation

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 68 year old male, who sustained an industrial injury on August 24, 2012. The initial symptoms reported by the injured worker are unknown. The injured worker was diagnosed as having left rotator cuff tear. Treatment to date has included diagnostic studies and right rotator cuff repair. On April 21, 2014, the injured worker complained of continued right shoulder pain. Physical examination revealed positive crepitation and limited range of motion. Impingement and Hawkins were noted to be positive. Some of the handwritten progress note was illegible. A request was made for a cold unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 (updated 04/25/14), 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) Shoulder Chapter, Under Continuous-flow cryotherapy.

Decision rationale: The current request is for a Cold Unit. The RFA is from 04/12/14. Treatment to date has included diagnostic studies and right rotator cuff repair. ODG, Shoulder Chapter, Under Continuous-flow cryotherapy states, "Recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use". The patient is status post shoulder surgery from 03/15/13. On April 21, 2014, the patient complained of continued right shoulder pain. Physical examination revealed positive crepitation and limited range of motion. Impingement and Hawkins were noted to be positive. A request for a cold unit was made. Some of the handwritten progress note was illegible. A rationale for the requested cold unit is not clear. In this case, the patient's surgery was in 2013 and ODG allow the use of cold therapy units for post op use only. In addition, the treater does not document the duration of treatment and ODG states that cold therapy units can be used up to 7 days following surgery. Given the lack of relevant documentation, the request is not medically necessary.