

Case Number:	CM13-0035256		
Date Assigned:	12/18/2013	Date of Injury:	05/08/2013
Decision Date:	07/03/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/16/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Spine Surgery and is licensed to practice in South Dakota. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 48-year-old male injured on May 8, 2013. At this time the injured worker fell and stopped his fall by hanging on with his left arm. An Magnetic Resonance Imaging (MRI) of the left shoulder dated July 22, 2013 revealed degenerative joint disease of left acromioclavicular (AC) joint with osteophytes slightly indenting the supraspinatus at the musculotendinous junction, mild tendinopathy of the supraspinatus tendon, mild fluid or inflammation in the sub deltoid bursa and some mild fraying of the superior lip of the glenoid labrum at the biceps tendon anchor. On 08/12/13 because of signs of impingement and AC joint arthritis the sub acromial region was injected with steroid. This gave him partial relief of pain. He had no improvement with physical therapy. According to a progress report dated September 12, 2013, the injured worker continued to experience left shoulder pain located in the top and lateral deltoid area aggravated by abduction, overhead use, reaching behind back, and driving. The injured worker is status post-surgery arthroscopic acromioplasty, arthroscopic mumford and arthroscopic debridement of partial rotator cuff tear dated November 8, 2013. The injured worker is 5 feet 5 inches and 190 pounds with body mass index (BMI) of 31. On examination: left shoulder with tenderness at the AC joint and a positive impingement sign; there was pain and weakness with abduction strength testing. Speed and O'Brien tests were negative. He had completed nine physical therapy sessions and felt 70 percent better. The injured worker remains symptomatic despite adequate non operative treatment. The prior utilization review necessity of the cold therapy unit request was not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

COLD THERAPY UNIT: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines ACOEM: OMPG, pages 561-563(ODG) Official Disability Guidelines, Shoulder, Continuous Flow Cryotherapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): CRYOTHERAPIES.

Decision rationale: As per current American College of Occupational and Environmental Medicine (ACOEM) guidelines and review of medical literature for shoulder disorders, cold therapy unit is recommended as medically necessary. The previous reviewer has denied the use of cold therapy on basis of Official Disability Guidelines (ODG) guidelines. Cold or cryotherapies involve applications of cold or cooling devices to the skin. Education regarding home cryotherapy application may be part of the treatment if cold is effective in reducing pain. Self-applications of cryotherapies using towels or reusable devices are non-invasive, minimal cost, and without complications. Cryotherapies are recommended for home use if efficacious for the temporary relief of acute, sub-acute, chronic, or peri-operative shoulder pain. The request is medically necessary and appropriate.