

Case Number:	CM13-0051464		
Date Assigned:	01/15/2014	Date of Injury:	06/15/2006
Decision Date:	04/07/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/14/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 physician 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 patient is a 66-year-old male structural designer/engineer who sustained a right shoulder injury, date of injury 6/15/06, relative to long hours of computer work. The 9/25/13 right shoulder MRI documented full thickness supraspinatus tear with retraction and atrophy, infraspinatus and subscapularis tendinosis, long head biceps tendinosis, bicipital groove tenosynovitis, circumferential labral degeneration, moderate arthrosis of the acromioclavicular joint, and moderate amount of fluid within the subacromial subdeltoid bursa. The 10/8/13 treating physician report indicated that the patient was a healthy, right-handed male with a 2-year history of full-thickness retracted tear of the right supraspinatus and infraspinatus. Constant right shoulder pain was reported with difficulty sleeping and doing any activities. Physical exam findings included shoulder active/passive abduction 170 degrees, external rotation 60 degrees, and internal rotation to mid-thoracic. Muscle strength was 5/5 external rotation with pain, 4/5 supraspinatus with pain, 5/5 subscapularis, and 5/5 biceps. Surgery was recommended including right shoulder arthroscopy with possible arthrotomy, subacromial decompression, rotator cuff debridement versus repair, labral debridement versus repair, biceps tenotomy, and/or synovectomy. A surgical request was submitted to include the procedure outlined above, one post-operative Ultrasling, 12 post-operative physical therapy sessions, and a 2 week rental of a cryotherapy unit. The surgical requests were certified in utilization review but for modification of the 2-week rental of a cryotherapy unit to a 7-day rental consistent with guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two weeks rental of Cryotherapy unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Lower Leg, Continuous-flow Cryotherapy.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines do not provide recommendations for cold therapy units in chronic injuries. The Official Disability Guidelines recommend the use of continuous-flow cryotherapy as an option after shoulder surgery for a period of up to 7 days. A right shoulder arthroscopy with possible arthrotomy, rotator cuff repair, debridement, biceps tenotomy, and/or subacromial decompression was certified in utilization review and an associated request for 2-week rental of a cryotherapy unit was certified with modification to 7-day rental. There is no compelling reason presented in the records to support the medical necessity of rental of a cryotherapy unit beyond 7 days. The request for a two week rental of a cryotherapy unit is not medically necessary and appropriate.