

Case Number:	CM14-0004197		
Date Assigned:	02/05/2014	Date of Injury:	08/24/2011
Decision Date:	07/25/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	01/10/2014

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. The expert 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 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:

This 67-year-old male sustained an industrial injury on 8/24/11, relative to a trip and fall. He underwent a right shoulder arthroscopy with subacromial decompression, distal clavicle resection, open biceps tenodesis, and open repair of a massive rotator cuff tear on 2/3/12. The 10/26/12 right shoulder MRI documented partial thickness supraspinatus and infraspinatus tears, hypertrophy of the acromioclavicular (AC) joint with impingement, AC joint osteoarthritis, and possible minimal tearing of the posterior glenoid labrum. The 11/22/13 treating physician report cited continued right shoulder pain and difficulty sleeping on the shoulder. Pain was increased with activity. Physical exam findings documented AC joint tenderness, exquisite tenderness over the anterolateral aspect of the acromion, and marked pain with flexion, adduction and internal rotation. Right shoulder abduction was 110 degrees, and forward flexion was 130 degrees. There was restriction with internal and external rotation. The diagnosis was partial thickness tear of right rotator cuff, right AC joint impingement, and right AC joint osteoarthritis. The patient had continued signs and symptoms of right shoulder impingement syndrome. The treating physician requested authorization for arthroscopic surgery to include extensive debridement of the subacromial bursa and rotator cuff, acromioplasty, partial distal clavicle resection, and lysis of adhesions. Associated requests included a Micro-cool unit. The 12/12/13 utilization review denied the request for durable medical equipment, Micro Cool unit, as the request for surgery was not certified. There is no documentation that the surgical request has been approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

MICRO COOL UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: The California MTUS are silent regarding cold therapy devices. The Official Disability Guidelines recommend continuous flow cryotherapy as an option after shoulder surgery. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage. The use of a cold therapy unit would be reasonable for 7 days post-operatively. However, this request is for an unknown length of use which is not consistent with guidelines. Additionally, it appears the surgical request was not certified. Therefore, this request for a Micro-cool unit is not medically necessary.