

Case Number:	CM14-0004480		
Date Assigned:	02/05/2014	Date of Injury:	04/26/2012
Decision Date:	06/23/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/13/2014

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 61-year-old female security officer sustained an industrial injury on 4/26/12 when she tripped and fell. The patient sustained right patella and left radius fractures and underwent patellar open reduction and internal fixation and closed reduction of the radial head fracture. She is status post right knee hardware removal, arthroscopic partial medial meniscectomy and chondroplasty on 6/7/13. The 9/26/13 right shoulder MRI impression noted a full thickness tear of the anterior fibers of the supraspinatus at the level of the footprint. There was no significant rotator cuff muscle atrophy. The 12/6/13 orthopedic report cited on-going right shoulder pain. Shoulder exam findings documented acromioclavicular joint tenderness to palpation, passive range of motion to 100 degrees, active range of motion to 90 degrees, positive impingement and Neer signs, and significant guarding with shoulder flexion. The diagnosis was right rotator cuff tear and impingement syndrome. A right shoulder arthroscopy with rotator cuff repair, possibly open, was requested. Conservative treatment, including trials of rest, time off work, therapy, medications and all other conservative methods, had failed. Post-operative DME and physical therapy were also requested. The 12/27/13 utilization review denied the surgical requests based on a lack of documentation of failed active rehabilitation. The 1/8/14 appeal letter stated that the patient had been receiving conservative treatment since the onset of injury. Trials of rest, time off work, therapy, medications and all other conservative methods had been tried and failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MOTORIZED HOT/COLD THERAPY UNIT FOR 30 DAYS RENTAL: 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), Treatment Index, 11th Edition, 2013, Shoulder Chapter, 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, Continuous Flow Cryotherapy.

Decision rationale: Under consideration is a request for a motorized hot/cold therapy unit for 30 days rental. The California MTUS guidelines are silent regarding motorized hot/cold therapy units. The Official Disability Guidelines recommend continuous flow cryotherapy as an option after surgery for 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. A hot/cold therapy unit was requested for 30 days use. There is no compelling reason presented to support the medical necessity of continuous flow cryotherapy is excess of guideline recommendations. Therefore, this request for motorized hot/cold therapy unit for 30 days rental is not medically necessary.