

Case Number:	CM14-0005140		
Date Assigned:	01/24/2014	Date of Injury:	03/15/2013
Decision Date:	06/09/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/14/2014

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 Occupational Medicine 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:

The patient is an employee of [REDACTED] and has submitted a claim for left shoulder pain associated with an industrial injury date of March 15, 2013. Treatment to date has included medications, physical therapy, and left shoulder arthroscopy (January 17, 2014). Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of left shoulder pain and tightness. On physical examination, there was tenderness in the subacromial area on the left with pain upon impingement testing. There was an obvious rupture of the pectoralis major tendon. Utilization review from December 27, 2013 modified the request for 2-week post-operative rental of a cold therapy unit for the left shoulder to 7-day post-operative rental of a cold therapy unit for the left shoulder because guidelines state that postoperative use may be up to 7 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWO WEEK POST OPERATIVE RENTAL OF A COLD THERAPY UNIT FOR THE LEFT SHOULDER: 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 Section.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA Clinical Policy Bulletin: Cryoanalgesia and Therapeutic Cold.

Decision rationale: CA MTUS does not specifically address cold therapy units. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Aetna Clinical Policy Bulletin was used instead. Aetna considers the use of hot/ice machines and similar devices experimental and investigational for reducing pain and swelling after surgery or injury. Studies failed to show that these devices offer any benefit over standard cryotherapy with ice bags/packs. In this case, there was no discussion regarding the indication for a cold therapy unit despite it being experimental and investigational. It is unclear why the regular ice bags/packs will not suffice. Guidelines do not recommend the use of this device; therefore, the request for Two Week Post Operative Rental of a Cold Therapy Unit for the Left Shoulder is not medically necessary.