

Case Number:	CM14-0009720		
Date Assigned:	02/21/2014	Date of Injury:	09/18/2013
Decision Date:	07/14/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/23/2014

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:

This is a 54-year-old male with a 9/18/13 date of injury. He was lifting a heavy cabinet with tools and strained his right shoulder. On 2/13/14, the patient is noted to be 1 week post-operative. An operative report dated 2/7/14 indicated the patient had a subacromial decompression and biceps tenodesis. On 12/12/13, he had tenderness over the glenohumeral joint with discomfort to palpation with pain and difficulty with ROM. Muscle strength is 4/5 to supination and flexion. MRI of the right shoulder on 11/14/13 showed that the long head of the biceps was near fully ruptured. There is tearing of the subscapularis tendon distally.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OP DME: HOT / COLD THERAPY UNIT (PURCHASE OR SEVEN (7) DAYS RENTAL) QTY 1.00: 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 Other Medical Treatment Guideline or Medical Evidence: Aetna Clinical Policy Bulletin: Cryoanalgesia and Therapeutic Cold.

Decision rationale: The Aetna Bulletin considers the use of the Hot/Ice Machine and similar devices (e.g., the Hot/Ice Thermal Blanket, the TEC Thermoelectric Cooling System (an iceless cold compression device), the Vital Wear Cold/Hot Wrap, and the Vital Wrap) experimental and investigational for reducing pain and swelling after surgery or injury. Studies in the published literature have been poorly designed and have failed to show that the Hot/Ice Machine offers any benefit over standard cryotherapy with ice bags/packs; and there are no studies evaluating its use as a heat source. It is unclear if this patient has failed standard cryotherapy or heat packs individually, and why he needs a combination unit. In addition, there is no rationale provided as to a purchase of this unit. Therefore, the request for Post-Op DME: Hot/Cold Therapy Unit (Purchase or Seven (7) Days Rental) was not medically necessary.