

Case Number:	CM14-0100527		
Date Assigned:	09/16/2014	Date of Injury:	03/13/2012
Decision Date:	10/15/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/30/2014

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 Internal Medicine and is licensed to practice in Arizona. 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 injured worker is a 51year old man with a work-related injury dated 3/13/12 resulting in chronic neck and shoulder pain with lateral epicondylitis. The patient was seen multiple times by the primary orthopedic provider including 3/17/14, 3/28/14, 4/21/14 and 5/19/14. The diagnosis includes left shoulder impingement syndrome and partial rotator cuff tear with distal clavicle arthrosis and left elbow lateral epicondylitis. The patient was treated with multiple modalities of conservative treatment including cortisone injections and physical therapy. On 5/19/14 the orthopedic surgeon evaluated the patient. He had ongoing pain with noted decrease in range of motion and strength of the left shoulder. The provider documented abnormal findings on MRI of the shoulder with failure of conservative treatment and surgery was recommended in the form of an arthroscopic acromioplasty and distal clavicle resection. On 5/23/14 the provider requested the use of a cold therapy unit with surgery and post-operative physical therapy. Under consideration is the use of cold therapy unit post-operatively for this patient. The use of cold therapy unit was modified during utilization review dated 6/3/14 for 7 days only.

IMR ISSUES, DECISIONS AND RATIONALES

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

COLD THERAPY UNIT: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, 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) Treatment Index, 11th Edition 2013, Shoulder, Continuous Cold Therapy

Decision rationale: Continuous-flow cryotherapy state is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use is generally 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. In this case the injured worker is planned for surgical intervention and therefore the use of cold therapy is indicated post-operatively. The use of the cold therapy is medically necessary.