

Case Number:	CM14-0107727		
Date Assigned:	08/27/2014	Date of Injury:	09/23/2010
Decision Date:	09/25/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/11/2014

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:

The claimant is a 54-year-old female who sustained a left shoulder injury on 09/23/10 while working as a cook. The medical records provided for review document that following a course of conservative care, the claimant has been authorized to have left shoulder arthroscopy and subacromial decompression. This review is for purchase of a cryotherapy device for postoperative use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy unit for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (updated 04/25/14).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205, 555-556. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure - Continuous-flow cryotherapy Recommended as an option after surgery, but not for nonsurgical treatment. 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; however, the effect on more frequently treated acute

injuries (eg, muscle strains and contusions) has not been fully evaluated. Continuous-flow cryotherapy units provide regulated temperatures through use of power to circulate ice water in the cooling packs. Complications related to cryotherapy (i.e, frostbite) are extremely rare but can be devastating. (Hubbard, 2004) (Osbaahr, 2002) (Singh, 2001) See the Knee Chapter for more information and references.

Decision rationale: Based on California MTUS ACOEM Guidelines and supported by the Official Disability Guidelines, the request for purchase of a cold therapy unit is not recommended as medically necessary. The ACOEM Guidelines recommend the application of cold packs for management of swelling and discomfort in the home setting. The Official Disability Guidelines support the use of a cold therapy device in the home setting but for only up to seven days postoperatively including home use. This request is for purchase of the cold therapy unit which would exceed the guideline recommendation for use of the device. Thus, the purchase of the cold therapy unit cannot be considered as medically necessary.