

Case Number:	CM14-0108076		
Date Assigned:	08/01/2014	Date of Injury:	05/20/2011
Decision Date:	09/11/2014	UR Denial Date:	07/01/2014
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 57 year old female who was injured in a work related accident on 05/20/11. Clinical records provided for review indicate an injury to the right shoulder for which the claimant has been certified for outpatient right shoulder arthroscopy, debridement, acromioclavicular excision, subacromial decompression and rotator cuff repair. There is a current post operative request in this case for the purchase of a cryotherapy device for the claimant's right shoulder. There is no other specific medical information in regards to the clinical request for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Cold Therapy Unit With Pad: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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 ACOEM Guidelines and supported by the Official Disability Guidelines, the purchase of a cryotherapy device for the claimant's shoulder cannot be recommended as medically necessary. The guidelines support the use of cold therapy for pain control and also utilize cryotherapy in the postoperative setting, but only recommend it for up to seven days including home use. There is currently no indication for use beyond seven days or for purchase of the above mentioned device. Therefore, the request to purchase a cryotherapy unit for the shoulder postoperatively cannot be recommended as medically necessary.