

Case Number:	CM14-0018879		
Date Assigned:	04/23/2014	Date of Injury:	08/13/2012
Decision Date:	07/28/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/14/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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 54-year-old female who reported a motor vehicle accident on 08/13/2012. She described her right shoulder pain as persistent and was having difficulty reaching across her chest with abduction of her right arm. She had moderate pain when lying on her right shoulder. Upon examination on 09/16/2013, there was shoulder girdle muscle atrophy, tenderness over the rotator cuff anteriorly. Stressing the right shoulder in an AP direction was painful and traction on the right arm was uncomfortable. Compression of the humeral head into the sub acromial area was uncomfortable. She had a positive impingement test of the right shoulder but had no AC joint instability. Active range of motion of the right shoulder included forward flexion 120/180 degrees, abduction 120/180 degrees, external rotation and extension to 40 degrees, and adduction of 30 degrees. On internal rotation, the extended middle finger reached T12-L1. There was grade I crepitation noted at the glenohumeral joint on active and passive internal and external rotation of the right shoulder. An MRI of the right shoulder from 04/12/2013 revealed a partial tearing of the posterior supraspinatus tendon, superior labral tear, and mild AC joint degeneration. She reported her pain at 4/10 to 5/10, increasing to 7/10 to 8/10 with use of the right arm for activities of daily living (ADLs). Her medications included Anaprox 550 mg, Prilosec 20 mg, Norco 10/325 mg, and Flurbiprofen gel to the right shoulder. Her treatment plan included continuing of home exercises to the right shoulder with heat prior to the exercises and ice after her exercises. It was stated on 02/07/2014 that the patient is in need of arthroscopy of the right shoulder with decompression repair of superior labral tear from anterior to posterior (SLAP) lesion and repair of the right rotator cuff, synovectomy, and debridement. There were no records submitted of any prior physical therapy or chiropractic treatments. There was no request for authorization submitted and there was no rationale for cryotherapy submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

VASCUTHERM COLD THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Continuous-flow cryotherapy.

Decision rationale: The ODG recommends continuous flow cryotherapy as an option after surgery. 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. The request did not specify whether the cryotherapy unit is a rental or a purchase item, nor did it specify the frequency of use, Therefore, this request is not medically necessary.