

Case Number:	CM14-0119964		
Date Assigned:	08/06/2014	Date of Injury:	10/23/2009
Decision Date:	09/11/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	07/30/2014

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 Orthopedic Surgery, and is licensed to practice in Indiana. 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 member is a 58-year-old female Transportation Engineering Technician with an accepted cumulative injury on 10/23/19 with symptoms of right upper arm pain, right wrist and hand pain, right shoulder pain, and neck pain. The claimant had an MRI/Arthrogram of the shoulder on 9/15/11, which revealed moderate tendinopathy-related changes involving the distal supraspinatus tendon without evidence of rotator cuff rupture; a lateral downward angulation of the acromion; mild ac arthritis-type changes; and a 2 mm spur along the undersurface of the clavicle. The claimant has failed conservative treatment measure including shoulder steroid injections, physical therapy, home exercises, and oral and topical anti-inflammatory medications. Although a request for arthroscopic surgical evaluation and treatment was initially denied, after a failure of additional conservative treatment, surgery was approved on re-review. The current clinical issue to be addressed is whether the purchase of a postop Cold Therapy unity should be approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Water circulating cold pad with pump (purchase) Post op cold therapy unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG-Shoulder chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute and Chronic), continuous-flow cryotherapy and cold compression therapy.

Decision rationale: According to the ODG guidelines, continuous flow cryotherapy is 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. In addition, cold compression therapy is:Not recommended in the shoulder, as there are no published studies. It may be an option for other body parts. The Game Ready device provides both active, continuous cold and intermittent, pneumatic compression to the post-op joint. There has been an RCT underway since 2008 to evaluate and compare clinical post-operative outcomes for patients using an active cooling and compression device (Game Ready), and those using ice bags and elastic wrap after acromioplasty or arthroscopic rotator cuff repair, but the results are not available. The requested therapy is not medically necessary as the length of use has not been defined by the requesting physician and it is not clear in the request whether the "water circulating cold pad with pump" requested is a continuous-flow cryotherapy unit (which IS recommended for up to 7 days post-operative use after shoulder surgery), OR is a continuous cold and intermittent pneumatic compression device, which is NOT recommended for use in the shoulder.