

Case Number:	CM14-0121135		
Date Assigned:	09/05/2014	Date of Injury:	12/15/2013
Decision Date:	10/03/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/31/2014

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 Occupational Medicine 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 patient is a 58-year-old female who has submitted a claim for shoulder impingement syndrome, rotator cuff tear and osteoarthritis of the shoulder associated with an industrial injury date of December 15, 2013. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of left shoulder pain. Examination revealed a positive orthopedic testing in the shoulder with forward flexion of 80 and abduction of 60. An MRI of the left shoulder dated April 8, 2014 showed chronic impingement and a partial thickness rotator cuff tear. Planned treatment was for left shoulder arthroscopy. Utilization review from July 3, 2014 modified the request for Ice machine rental for 30 days to left shoulder to 7 day because guidelines recommend only up to this period.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ice machine rental for 30 days to left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) : Shoulder Chapter; Continous- 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) Knee and Leg

Chapter, Cryotherapy, Medical Treatment Guideline or Medical Evidence: Aetna Clinical Policy Bulletin: Cryoanalgesia and Therapeutic Cold

Decision rationale: CA MTUS does not specifically address cold therapy units. ODG states that 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. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Aetna Clinical Policy Bulletin was used instead. Aetna considers the use of hot/ice machines and similar devices experimental and investigational for reducing pain and swelling after surgery or injury. Studies failed to show that these devices offer any benefit over standard cryotherapy with ice bags/packs. In this case, current treatment plan includes left shoulder arthroscopy; hence this request for post-operative use of ice machine rental. However, there was no discussion regarding the indication for a ice machine despite it being experimental and investigational. Guidelines do not recommend the use of this device. It is unclear due to lack of discussion why regular cold packs cannot suffice. Therefore, the request for Ice machine rental for 30 days to left shoulder is not medically necessary.