

Case Number:	CM14-0129158		
Date Assigned:	09/22/2014	Date of Injury:	07/02/2013
Decision Date:	11/18/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	08/13/2014

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 General Preventive Medicine 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:

This employee is a 52-year-old male with date of injury of 7/2/2013. A review of the medical records indicates that the patient is undergoing treatment for right rotator cuff strain. Subjective complaints include continued pain in the right shoulder. Objective findings include limited range of motion of the right shoulder with tenderness upon palpation of the rotator cuff but strength 5/5; MRI showing right shoulder labral tear and tendinosis. Treatment has included Flexeril, Norco, steroid injections, and physical therapy. The utilization review dated 7/9/ as not medically necessary for a Cold Therapy Unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold Therapy Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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, Other Medical Treatment Guideline, or Medical Evidence: <http://www.deroyal.com/medicalproducts/orthopedics/product.aspx?id=pc-temptherapy-coldtherunit>

Decision rationale: MTUS is silent on the use of Cold Therapy Units. Official Disability Guidelines for heat/cold packs states "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 (e.g., 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." This request is not for a post-operative use. Therefore, the request for a cold therapy unit for the right shoulder is not medically necessary.