

Case Number:	CM14-0151661		
Date Assigned:	09/19/2014	Date of Injury:	09/14/2009
Decision Date:	10/24/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/17/2014

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 Physical Medicine and Rehabilitation 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 46-year-old male who has submitted a claim for rotator cuff (capsule) sprain associated with an industrial injury date of 9/14/2009. Medical records from 1/7/2014 up to 7/17/2014 were reviewed showing constant pain in the right shoulder described as sharp, throbbing, aching, tender, burning, and shooting. Pain was rated as 5/10 in severity. Pain radiates to upper back and right elbow. Pain is aggravated with sitting, bending, grasping, torque, pushing, pulling, and lifting. Physical examination of the right shoulder revealed tenderness over the vertebral border of the scapula, greater tuberosities, rotator cuff muscles, subacromial, subdeltoid area, supraspinatus, and infraspinatus. There was subacromial grinding and clicking on the right with atrophy of the cuff and deltoid. Positive impingement test was positive on the right. Treatment to date has included arthroscopic repair in 2012, Prilosec, Voltaren, compound creams, and TENS unit. Utilization review from 9/5/2014 denied the request for Post-Op Hot/Cold Contrast Unit. There was lack of documentation indicating the surgical procedure had been approved. There was a lack of documentation indicating a necessity for a hot and cold unit versus the use of hot/cold packs. There was lack of documentation indicating whether the unit was for purchase or rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Op Hot/Cold Contrast Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cold/heat packs, cold compression therapy, and continuous flow cryotherapy Other Medical Treatment Guideline or Medical Evidence: Aetna Clinical Policy Bulletin: Cryoanalgesia and Therapeutic Cold

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Aetna and ODG were used instead. Aetna considers the use of the Hot/Ice Machine and similar devices (e.g., the Hot/Ice Thermal Blanket, the TEC Thermoelectric Cooling System (an iceless cold compression device), the Vital Wear Cold/Hot Wrap, and the Vital Wrap) experimental and investigational for reducing pain and swelling after surgery or injury. Studies in the published literature have been poorly designed and have failed to show that the Hot/Ice Machine offers any benefit over standard cryotherapy with ice bags/packs; and there are no studies evaluating its use as a heat source. The Official Disability Guidelines state that cold compression therapy is not recommended in the shoulder as there are no published studies. In this case, the primary physician noted that the patient would need a right shoulder scope arthroscopic surgery due to recurrent cuff tear. It was also noted that hot/cold contrast unit is preferred over simple ice and heat packs for the additional benefits of compression and increased patient compliance. However, there was no documentation that the surgical request was certified. In addition, the use of Hot/Cold Contrast Unit have not been said to offer any benefit over standard cryotherapy with ice bags/packs. Therefore, the request for Post-Op Hot/Cold Contrast Unit is not medically necessary.