

Case Number:	CM14-0166388		
Date Assigned:	10/13/2014	Date of Injury:	08/11/2007
Decision Date:	12/11/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/09/2014

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 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:

This is a 68-year-old male with an 8/11/07 date of injury. He is status post left shoulder arthroscopy with sub acromial decompression in 2007 as well as another repair in 2010 after a re-tear. An MRI of the left shoulder done on 8/21/14 revealed evidence of full thickness rotator cuff tear with retraction of the anterior supraspinatus tendon. The patient was most recently examined on 8/27/14 with complaints of left shoulder pain and difficulty lifting overhead. Exam findings revealed a positive impingement test on the left with weakness of the external rotators. A left shoulder mini open rotator cuff repair was certified. Treatment to date: medications, multiple rotator cuff repairs to left shoulder, steroid injections. The UR decision dated 9/10/14 modified the request to allow for a 7-day rental of a standard cold therapy unit after the patient's rotator cuff repair surgery was certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold Therapy Unit with wrap: 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, Continuous-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)

Decision rationale: CA MTUS does not address this issue. 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. However, ODG states that while there are studies on continuous-flow cryotherapy, there are no published high quality studies on the Game Ready device or any other combined system. There is no rationale identifying why a cryotherapy unit would be insufficient. There are no established risk factors for DVT (deep vein thrombosis). The rationale for this request is unclear. There is a lack of documentation regarding the exact type of unit being requested, for how long, and any postoperative progress notes. This patient had surgery to the left rotator cuff certified and the request for a cold therapy unit with wrap was modified to 7 days per ODG. Therefore, the request for a cold therapy unit with wrap as submitted was not medically necessary.