

Case Number:	CM14-0175939		
Date Assigned:	10/29/2014	Date of Injury:	07/12/2013
Decision Date:	12/11/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/23/2014

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 35-year-old male with a 7/12/13 date of injury. The mechanism of injury occurred when throwing debris into a dumpster he felt a pop in his right shoulder and pain extending into the arm and forearm. According to a special report dated 9/2/14, the patient complained of pain, grinding, and catching in his shoulder along with pain in the glenohumeral joint as well as the lateral shoulder. The recommendation is to proceed with arthroscopy, removal of loose bodies, debridement of the glenohumeral joint, debridement versus possible repair of the rotator cuff, and possible subacromial decompression depending on the findings in the subacromial space. Objective findings: limited motion due to pain in all planes, tenderness over the glenohumeral joint and at the lateral shoulder, pain with impingement testing and pain with glenohumeral grinding and twisting maneuvers. Diagnostic impression: rotator cuff partial tear, left shoulder; loose bodies, left shoulder, with degenerative change and degenerative labral tearing. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 10/21/14 denied the request for 7 days rental or purchase of hot/cold therapy unit and post-operative shoulder brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

7 days rental of purchase of hot/cold therapy unit: 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) TWC, Online Edition, Shoulder Chapter, Continuous Flow Cryotherapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Aetna Clinical Policy Bulletin: Cryoanalgesia and Therapeutic Cold

Decision rationale: CA MTUS and ODG do not address this issue. 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. However, in the present case, there is no documentation that the surgical procedure has been approved. As a result, this associated post-operative request cannot be substantiated at this time. Therefore, the request for 7 days rental or purchase of hot/cold therapy unit is not medically necessary.

Post-operative shoulder brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter - Immobilization

Decision rationale: CA MTUS does not address this issue. ODG states that postoperative immobilization is not recommended; immobilization is also a major risk factor for developing adhesive capsulitis, also termed "frozen shoulder". However, in the present case, there is no documentation that the surgical procedure has been approved. As a result, this associated post-operative request cannot be substantiated at this time. Therefore, the request for post-operative shoulder brace is not medically necessary.