

Case Number:	CM14-0180769		
Date Assigned:	11/05/2014	Date of Injury:	02/16/2010
Decision Date:	12/12/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/30/2014

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 60-year-old male with a 2/16/2010 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 9/4/14 noted improvement in range of motion and decreased pain after left shoulder surgery on 7/25/14. Objective findings included pain at end ranges of left shoulder motion. Diagnostic Impression: left shoulder partial rotator cuff tear, impingement, and labral tear. Treatment to Date: left shoulder surgery, physical therapy, and medication management. A UR decision dated 10/6/14 modified the request for Retrospective review: Game ready unit for rental with DOS 7/28/14 until 8/10/14, certifying a 7 day rental for a standard cold therapy unit. It also modified the request for Retrospective review: Game ready pad for rental with DOS 7/28/14 until 8/10/14, certifying a 7 day rental. The medical necessity for standard cold therapy unit x 7 day rental with game ready pad is established. However, the claimant was approved for compression stockings for DVT prophylaxis and there is no indication to support the need for another compression device.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Review: Game Ready Unit for Rental with DOS 07/28/14 until 08/10/14:
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) Knee and Leg Chapter

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. However, there is no rationale identifying why a standard cryotherapy unit would be insufficient. In the documents available for review, there are no established risk factors for DVT. Additionally, the requested modality is for 14 days, beyond the guideline recommendation of 7 days. Therefore, the request for retrospective review: Game Ready Unit for Rental with DOS 7/28/14 until 8/10/14 was not medically necessary.

Retrospective Review: Game Ready Pad for Rental with DOS 07/28/14 until 08/10/14:
Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure/ service is not medically necessary, none of the associated services are medically necessary.