

Case Number:	CM14-0044782		
Date Assigned:	07/02/2014	Date of Injury:	07/27/2013
Decision Date:	08/05/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/11/2014

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 Texas. 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 injured worker is a 52-year-old female that reported an injury on 07/27/2013. The injured worker complained of severe pain in the right shoulder with any reaching or lifting activity, and pain even sleeping at night. On physical examination dated 03/18/2014, there was tenderness at the AC (Acromioclavicular) joint and at the lateral acromion. Range of motion was limited in the right shoulder to forward elevation 100 degrees and external rotation and internal rotation to 25 degrees. The injured worker had pain with impingement testing and pain and weakness with supraspinatus and external rotation resistive testing. The injured worker's diagnoses were rotator cuff tear and frozen shoulder syndrome. The injured worker's diagnostic was an MRI of the right shoulder, revealing supraspinatus tendinosis and high grade bursa surface insertional partial tearing undermining greater than 70% of tendon footprint on greater tuberosity, intact tendon anterior and posterior of the tear, infraspinatus and subscapularis tendinosis, interstitial partial tearing within the myotendinous region of the infraspinatus tendon, subacromial and subdeltoid and subcoracoid bursitis, a lateral downsloping acromion was an anatomic risk factor of impingement, moderate acromioclavicular joint osteoarthritis, superior labral degeneration and fraying without evidence of displaced tear, and intra-articular long head biceps tendon fraying in the partial tear. The injured worker has also received physical therapy and medications. The treatment plan was for water circulating heat pad with pump and a pad for water circulating heat unit for replacement only, quantity 1. The Request for Authorization Form and rationale for the request were not provided with documentation for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Water circulating heat pad with pump: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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.

Decision rationale: According to Official Disability Guidelines, cold/heat units may be 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. Complications related to cryotherapy (i.e., frostbite) are extremely rare but can be devastating. The injured worker complained of severe pain in the right shoulder with any reaching or lifting activity and pain even at night. However, the guidelines do not support water circulating heat pad with pump for nonsurgical treatment. As such, the request for Water circulating heat pad with pump is not medically necessary and appropriate.

One Pad for water circulating heat unit, for replacement only: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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.

Decision rationale: According to Official Disability Guidelines, cold/heat units may be 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. Complications related to cryotherapy (i.e., frostbite) are extremely rare but can be devastating. The injured worker complained of severe pain in the right shoulder with any reaching or lifting activity and pain even at night. However, the guidelines do not support water circulating heat pad with pump for nonsurgical treatment. Therefore, the request for one Pad for water circulating heat unit, for replacement only, is not medically necessary and appropriate.

