

Case Number:	CM14-0047864		
Date Assigned:	07/02/2014	Date of Injury:	05/31/2013
Decision Date:	08/22/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/16/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 58-year-old male who has submitted a claim for left shoulder impingement syndrome, left shoulder acromioclavicular joint arthrosis, and left shoulder partial rotator cuff tear associated with an industrial injury date of May 31, 2013. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of left shoulder pain with pushing, pulling, reaching, carrying, lifting, and laying on his left side. On physical examination, there was mild loss of active and passive motion of the shoulder. Tenderness was noted anteriorly and on the bicipital groove. Pain was reported with Hawkin's, Neer's, and Speed's maneuvers. Treatment to date has included medications, physical therapy, home exercise program, and shoulder injections. Utilization review from April 4, 2014 denied the request for Cold Compression E1399 for purchase. The rationale for determination was not included in the records for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold Compression E1399 for purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: The California MTUS does not specifically address continuous-flow cryotherapy. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. The Official Disability Guidelines states that continuous-flow cryotherapy is recommended as an option after surgery, but not for non-surgical treatment. Postoperative use generally may be up to 7 days, including home use. In this case, a request for purchase of a cold compression device was made as part of post-operative management for left shoulder arthroscopic surgery. Guidelines state that only 7-day post-operative use is recommended. Official Disability Guidelines 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. The records did not provide a rationale as to why a purchase was necessary when a 7-day rental of a cryotherapy unit would suffice. Therefore, the request for Cold Compression E1399 for purchase is not medically necessary.