

Case Number:	CM14-0056812		
Date Assigned:	07/09/2014	Date of Injury:	06/16/2008
Decision Date:	11/19/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/28/2014

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 Orthopaedic 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 55-year-old female senior library assistant sustained an industrial injury on 6/16/08. Injury occurred while pulling a full cart of books with her right arm through a doorway. She was holding the door open with her left arm, when the cart became stuck and she pulled hard with the right arm. Conservative treatment had included activity modification, corticosteroid injections, and therapy. The 3/5/14 right shoulder MRI impression documented a full thickness tear of the rotator cuff with about 1 cm of retraction, and subscapularis tendinosis without retraction. There were small joint and bursal effusions, biceps tendinosis, and acromioclavicular joint arthropathy with a lateral downsloping acromion. The 1/29/14 treating physician report cited significant right shoulder pain and a feeling of weakness. Pain was reported with sleeping on her side, and any lifting, reaching or arm use. She had multiple injections without sustained improvement. Right shoulder exam documented flexion 150, abduction 160, and internal/external rotation 80 degrees. There was abduction and external rotation weakness. There was mild to moderate acromioclavicular joint tenderness, and significant subacromial tenderness with a very positive impingement sign. There was also tenderness over the biceps tendon and glenohumeral joint. Authorization was requested for right shoulder arthroscopy with probable rotator cuff repair, subacromial decompression, and distal clavicle resection, and a post-op Game Ready machine. The 4/4/14 utilization review approved the right shoulder surgery and modified the request for purchase of a Game Ready unit to a 7-day rental of a cold therapy unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Game Ready 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

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

Decision rationale: The California MTUS is silent regarding cold compression therapy. The Official Disability Guidelines do not recommend cold compression therapy for patients undergoing shoulder surgeries. There is no evidence of improved clinical post-operative outcomes for patients using an active cooling and compression device over those using ice bags and elastic wrap after acromioplasty or arthroscopic rotator cuff repair. The 4/4/14 utilization review modified the request for purchase of a Game Ready unit to a 7-day rental of a cold therapy unit. There is no compelling reason to support the medical necessity of a cold compression unit over the cold therapy unit already certified. Therefore, this request is not medically necessary.