

Case Number:	CM14-0061719		
Date Assigned:	07/09/2014	Date of Injury:	08/23/2013
Decision Date:	08/19/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/02/2014

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 58-year-old female dental assistant sustained an industrial injury on 8/23/13. Injury occurred when she fell off a rolling chair onto the right side of her body. The 12/2/13 right shoulder MRI revealed moderate distal supraspinatus, infraspinatus, and subscapularis tendinopathy. There was no rotator cuff tear. The patient was also diagnosed with right wrist tendinopathy and a triangular fibrocartilage tear. The 3/31/14 treating physician report cited continued right posterior shoulder pain, especially with overhead movements. Right shoulder range of motion testing documented flexion 130, abduction 90, and external rotation 30 degrees, with internal rotation to L5. Impingement testing was positive, labral tests were negative. There was 4/5 supraspinatus and infraspinatus weakness. Failure of conservative treatment over 6 months was noted. A right shoulder arthroscopy with debridement, subacromial decompression, and possible distal claviclectomy was recommended. The 4/11/14 utilization review certified the right shoulder arthroscopic surgery, post-op physical therapy, pre-operative labs, and a sling. The request for a Game Ready unit was modified to allow for 7-day post-operative rental of a standard cold therapy unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Game ready: 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): Shoulder Chapter, Continuous Flow Cryotherapy.

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, Continuous flow cryotherapy.

Decision rationale: The California MTUS is silent regarding this device. The Official Disability Guidelines (ODG) do not recommend cold compression therapy, such as the Game Ready unit, in the shoulder as there are no published studies to support the increased efficacy. The ODG guidelines recommend continuous flow cryotherapy systems for up to 7 days post-operative use following shoulder surgery. The 4/11/14 utilization review decision modified the request for a cold compression unit to allow for a standard cold therapy unit for 7-day rental. There is no compelling reason to support the medical necessity of the Game Ready system for this patient in the absence of evidence based support. Therefore, this request for a Game Ready unit is not medically necessary and appropriate.