

Case Number:	CM14-0063873		
Date Assigned:	07/11/2014	Date of Injury:	08/09/2007
Decision Date:	08/21/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/06/2014

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 Physical Medicine and Rehabilitation 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 case involves a 54 year old male who sustained an injury on 08/09/2007 after being involved in motor vehicle accident while working as a Field Service Engineer. The injured worker's treatment included medications, physical therapy, surgery, injections, and MRI. On 02/18/2014, the injured worker underwent a magnetic resonance angiography (MRA) of the left shoulder which showed postsurgical changes visualized in the superior glenoid labrum. This is consistent with the injured worker's history of prior superior labrum anterior and posterior (SLAP) repair. The injured worker was evaluated on 05/19/2014 which he reported shoulder pain however, the provider noted he was able to work without restrictions. The injured worker was still having persistent pain despite rest, restrictions of activities, subacromial cortisone and over 6 months of treatment. It is noted that this acromial is not symptomatic but aggravated which needs to be addressed arthroscopically. The provider noted the injured worker was advised to take over-the-counter anti-inflammatories as needed, apply ice to the shoulder, and continue home exercise. The treating physician recommended surgery. Diagnosis included impingement symptomatic os acromiale and pain in shoulder. The request for authorization or rational was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ice Therapy Unit x 10 Days Post Op: 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), Treatment in Workers Comp 18th edition, 2013 Updates, Shoulder Chapter, Continuous- flow cryotherapy, cold compression therapy. Official Disability Guidelines (ODG), Knee and Leg chapter, Game Ready accelerated recovery system.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) Cold Compression Therapy.

Decision rationale: The requested is not medically necessary. The Official Disability Guidelines (ODG) does not recommend ice therapy in the shoulder, as there are no published studies. However, it may be an option for other body parts. Game Ready device provides both active, continuous cold and intermittent pneumatic compression to the post-op joint. There have been randomized controlled trials underway since 2008 to evaluate and compare clinical post-operative outcomes for patients using an active cooling and compression device (Game Ready) as well as ice bags and elastic wrap after acromioplasty or arthroscopic rotator cuff repair. However, those results are not available. The documentation submitted for review was not clear if the injured worker had undergone the surgery. In addition, the request failed to indicate why the location ice therapy unit is needed for the injured worker. Given the above, the request for ice therapy unit X 10 days post-op is not medically necessary.