

Case Number:	CM14-0067048		
Date Assigned:	07/11/2014	Date of Injury:	09/29/2012
Decision Date:	09/10/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	05/12/2014

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 Occupational Medicine 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:

The injured worker is a male with date of injury 9/29/2012. Per operative report dated 2/7/2014, the injured worker complained of left shoulder pain. He had failed conservative treatment and was indicated for operative intervention. Diagnosis was left shoulder impingement, and the procedure was arthroscopic subacromial decompression with resection of the CA ligament.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Cold Therapy Unit w/wrap: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (chapter on the knee and leg), Blue Cross/Blue Shield policy(Cooling Devices Used in the Home Setting, DME Policy No: 7), Aetna clinical policy bulletin number 540.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Cold Compression Therapy section, Continuous-flow Cryotherapy section.

Decision rationale: This request is for Q-Tech cold therapy recovery system with DVT Prevention, status post surgery for home use up to 21 days for 6-8 hours or as needed. The MTUS Guidelines do not address the use of cold compression therapy for the shoulder. The ODG does

not recommend the use of cold compression therapy for the shoulder as there are no published studies. Continuous-flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to seven days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage. This request is in excess of the recommended duration of up to seven days. The request for Retrospective Cold Therapy Unit w/wrap is determined to not be medically necessary.