

Case Number:	CM14-0091271		
Date Assigned:	07/25/2014	Date of Injury:	01/06/2013
Decision Date:	09/30/2014	UR Denial Date:	06/07/2014
Priority:	Standard	Application Received:	06/11/2014

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 Texas. 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 54-year-old man, who reported an injury while trying to lift a piece of shelving which was jammed on a cart on 01/06/2013. On 04/04/2014, his diagnoses included status post right shoulder surgery on 09/26/2013, status post distal biceps tendon repair on 01/29/2013, and postoperative adhesions. The previous treatments included physical therapy, cortisone injections, and medications. Within the clinical note dated 05/16/2014, it was noted that he was still having persistent pain and loss of motion in his right shoulder. Upon the physical examination the provider noted the injured workers range of motion was forward flexion at 110 degrees. The injured worker had pain with supraspinatus testing. The request submitted was for cold therapy unit for the right shoulder post operatively. The request for authorization was submitted and dated 05/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy unit for right shoulder post-operatively: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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, Continuous-flow cryotherapy.

Decision rationale: The request for cold therapy unit for right shoulder post-operatively is not medically necessary. The Official Disability Guidelines recommend continuous flow cryotherapy as an option after surgery, but not for non-surgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting continuous flow cryotherapy units have been proven to decrease pain, inflammation, swelling and narcotic usage, however the effect on more frequently treated acute injuries muscle strains and contusions has not been fully evaluated. Continuous flow cryotherapy units provide regulated temperatures through use of power to circulate ice water in the cooling packs. The request submitted does not specify the length of treatment. There is lack of documentation indicating the injured worker had undergone the requested surgery. Therefore, the request is not medically necessary.