

Case Number:	CM14-0198524		
Date Assigned:	12/08/2014	Date of Injury:	01/12/2011
Decision Date:	01/26/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/25/2014

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 Rehab, has a subspecialty in Interventional spine 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 patient is a 59-year old male with an injury date of 01/12/11. Based on the 10/16/14 progress report provided by treating physician, the patient complains of left shoulder pain. Patient is status post left shoulder rotator cuff repair 10/03/14, per operative report. Physical examination to the left shoulder on 10/16/14 revealed clean and dry wound with no signs of infection and staples removed. Range of motion was 160 degrees on abduction and adduction, and 10 degrees on external rotation. Patient has been instructed to do pendulum exercises at home. Patient is taking Norco once a day and was instructed to stop. Patient will be switching to Celebrex and is awaiting authorization for physical therapy. Patient is temporarily totally disabled from 10/16/14 to 02/01/15. Diagnosis 08/20/14:- status post C6-7 anterior decompression and fusion, 11/22/11.- L4-5 2.1mm disc herniation and L5-S1 2.2mm disc herniation associated with spondylosis and positive sensory radiculopathies under diagnostic monitoring- bilateral carpal tunnel left greater than right- right rotator cuff tear. Diagnosis 09/17/14:- left shoulder acromioclavicular joint arthritis- left shoulder impingement with left rotator cuff tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot/Cold 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 (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) Pain Chapter, under Continuous-flow Cryotherapy

Decision rationale: The patient is status post left shoulder rotator cuff repair 10/03/14, and presents with left shoulder pain. The request is for HOT/COLD UNIT. Patient's pre-operative diagnosis on 09/17/14 included left shoulder acromioclavicular joint arthritis, and left shoulder impingement with left rotator cuff tear. Post-operative physical examination to the left shoulder on 10/16/14 revealed clean and dry wound with no signs of infection and staples removed. Range of motion was 160 degrees on abduction and adduction, and 10 degrees on external rotation. Patient has been instructed to do pendulum exercises at home. Patient is taking Norco once a day and was instructed to stop. Patient will be switching to Celebrex and is awaiting authorization for physical therapy. Patient is temporarily totally disabled from 10/16/14 to 02/01/15. The MTUS and ACOEM Guidelines do not discuss water therapy units. ODG Guidelines Pain Chapter, under Continuous-flow Cryotherapy states, "recommended as an option after surgery, but not for nonsurgical 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 use. However, the effectiveness on more frequently treated acute injuries has not been fully evaluated. Physician has not provided reason for the request. Regarding the purchase of a water circulating heat pad with pump, most of these units allow the use of cold or hot water and therefore the ODG guidelines are used for continuous-flow cryotherapy. There is no documentation provided to indicate the exact type or model of pump that was prescribed. The ODG Guidelines recommends the duration of postoperative use of continuous-flow cryotherapy to be 7 days. The patient is well-beyond the postoperative recovery duration of 7 days for which unit would be indicated. ODG does not recommend continuous-flow cryotherapy for nonsurgical treatment. Therefore the request is not medically necessary.

Hot and Cold Pads x 1: 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) Pain Chapter, under Continuous-flow Cryotherapy

Decision rationale: The patient is status post left shoulder rotator cuff repair 10/03/14, and presents with left shoulder pain. The request is for Hot and Cold Pads X1. Patient's pre-operative diagnosis on 09/17/14 included left shoulder acromioclavicular joint arthritis, and left shoulder impingement with left rotator cuff tear. Post-operative physical examination to the left

shoulder on 10/16/14 revealed clean and dry wound with no signs of infection and staples removed. Range of motion was 160 degrees on abduction and adduction, and 10 degrees on external rotation. Patient has been instructed to do pendulum exercises at home. Patient is taking Norco once a day and was instructed to stop. Patient will be switching to Celebrex and is awaiting authorization for physical therapy. Patient is temporarily totally disabled from 10/16/14 to 02/01/15. The MTUS and ACOEM Guidelines do not discuss water therapy units. ODG Guidelines Pain Chapter, under Continuous-flow Cryotherapy states, "recommended as an option after surgery, but not for nonsurgical 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 use. However, the effectiveness on more frequently treated acute injuries has not been fully evaluated. Physician has not provided reason for the request. Regarding the purchase of a water circulating heat pad with pump, most of these units allow the use of cold or hot water and therefore the ODG guidelines are used for continuous-flow cryotherapy. There is no documentation provided to indicate the exact type or model of pump that was prescribed. The ODG Guidelines recommends the duration of postoperative use of continuous-flow cryotherapy to be 7 days. The patient is well-beyond the postoperative recovery duration of 7 days for which unit would be indicated. ODG does not recommend continuous-flow cryotherapy for nonsurgical treatment. Therefore the request is not medically necessary.

Hot and Cold Pads x 2: 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) Pain Chapter, under Continuous-flow Cryotherapy.

Decision rationale: The patient is status post left shoulder rotator cuff repair 10/03/14, and presents with left shoulder pain. The request is for Hot and Cold Pads X2. Patient's pre-operative diagnosis on 09/17/14 included left shoulder acromioclavicular joint arthritis, and left shoulder impingement with left rotator cuff tear. Post-operative physical examination to the left shoulder on 10/16/14 revealed clean and dry wound with no signs of infection and staples removed. Range of motion was 160 degrees on abduction and adduction, and 10 degrees on external rotation. Patient has been instructed to do pendulum exercises at home. Patient is taking Norco once a day and was instructed to stop. Patient will be switching to Celebrex and is awaiting authorization for physical therapy. Patient is temporarily totally disabled from 10/16/14 to 02/01/15. The MTUS and ACOEM Guidelines do not discuss water therapy units. ODG Guidelines Pain Chapter, under Continuous-flow Cryotherapy states, recommended as an option after surgery, but not for nonsurgical 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 use. However, the effectiveness on more frequently treated acute injuries has not been fully evaluated. Physician has not provided reason for the request. It is not indicated whether the unit is for rental or purchase. Regarding

the purchase of a water circulating heat pad with pump, most of these units allow the use of cold or hot water and therefore the ODG guidelines are used for continuous-flow cryotherapy. There is no documentation provided to indicate the exact type or model of pump that was prescribed. The ODG Guidelines recommends the duration of postoperative use of continuous-flow cryotherapy to be 7 days. The patient is well-beyond the postoperative recovery duration of 7 days for which unit would be indicated. ODG does not recommend continuous-flow cryotherapy for non-surgical treatment. Therefore the request is not medically necessary.