

Case Number:	CM14-0207834		
Date Assigned:	12/19/2014	Date of Injury:	12/23/2013
Decision Date:	02/18/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/11/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York, Tennessee
 Certification(s)/Specialty: Emergency Medicine

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 41-year-old female who was injured on December 23, 2013. The patient continued to experience severe pain in left shoulder. Physical examination was notable for anterior subacromial tenderness, normal muscle strength, intact sensation of the upper extremities, and positive left impingement sign. Diagnoses included left shoulder impingement syndrome with partial rotator cuff tear, cervical spine myoligamentous sprain/strain, lumbar spine myoligamentous sprain/strain, and lumbar radiculitis. Treatment included steroid injections, physical therapy, and medications. Arthroscopic surgery was planned for the left shoulder. Request for authorization for Q tech cold therapy system was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Q tech cold therapy recovery system with wrap: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

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: Q tech cold therapy recovery system is a cryotherapy device. Continuous flow cryotherapy is 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 usage; however, the effect on more frequently treated acute injuries (eg, 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. Complications related to cryotherapy (i.e, frostbite) are extremely rare but can be devastating. In this case the duration of treatment with cryotherapy is not documented. Lack of documentation does not allow for determination of necessity. The request is not medically necessary.