

Case Number:	CM15-0103671		
Date Assigned:	06/08/2015	Date of Injury:	04/07/2012
Decision Date:	07/16/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/29/2015

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: California, Indiana, Oregon
 Certification(s)/Specialty: Orthopedic Surgery

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 51 year old male, who sustained an industrial injury on 4/7/12. He has reported initial complaints of right shoulder injury with pain. The diagnoses have included right shoulder impingement syndrome status post- industrial right shoulder continuous trauma strain/sprain injury. Treatment to date has included medications, activity modifications, cortisone injections, diagnostics, pain management and physical therapy. Currently, as per the physician comprehensive orthopedic consult note dated 4/3/15, the injured worker complains of right shoulder pain rated 8/10 on pain scale. The physical exam reveals that the right shoulder range of motion is decreased with forward flexion 160 degrees, abduction 160 degrees and internal rotation of 60 degrees. There is severe right shoulder supraspinatus tenderness, moderate greater tuberosity tenderness, mild biceps tendon tenderness, moderate acromioclavicular joint (AC) joint tenderness, and positive subacromial tenderness. The muscle strength testing is 4/5 on the right and affected by pain. There is positive right shoulder impingement I, II and III tests. The current medications included Tramadol, Diclofenac, and Norflex. The physician noted that the Magnetic Resonance Imaging (MRI) of the right shoulder confirmed right shoulder impingement syndrome and partial thickness supraspinatus tendon tear, however, there was no report submitted with the records. The physician noted that the injured worker is an excellent candidate for right shoulder surgery. The physician requested treatment included Coolcare Cold Therapy Unit for management of post-operative swelling, edema and pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Coolcare Cold Therapy 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 (Acute and Chronic), 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.

Decision rationale: CA MTUS/ACOEM is silent on the issue of shoulder cryotherapy. According to ODG Shoulder Chapter, Continuous flow cryotherapy, it is recommended immediately postoperatively for up to 7 days. In this case there is no specification of length of time requested postoperatively for the cryotherapy unit. Therefore the determination is not medically necessary.