

Case Number:	CM15-0109477		
Date Assigned:	06/16/2015	Date of Injury:	02/06/2014
Decision Date:	07/14/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/08/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 70 year old male, who sustained an industrial injury on 02/06/2014. He reported injuring his right shoulder after a fall while working. The injured worker is currently temporarily totally disabled. The injured worker is currently diagnosed as having status post right shoulder arthroscopy, subacromial decompression, and rotator cuff repair. Treatment and diagnostics to date has included right shoulder MRI which showed status post rotator cuff tendon repair with a large full-thickness tear of the supraspinatus and infraspinatus fibers, physical therapy, right shoulder surgery, and medications. In a progress note dated 05/06/2015, the injured worker presented with complaints of right shoulder pain two weeks post arthroscopy and rotator cuff repair. Objective findings include clean and dry incision to the right shoulder. The treating physician reported requesting authorization for a cold therapy system with wrap for the shoulder.

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 21 day rental with wrap for right shoulder: 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, 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 (Acute & Chronic), Cold/heat packs.

Decision rationale: The claimant sustained a work injury in February 2014 and underwent a revision arthroscopic rotator cuff repair on 04/24/15. When seen, there were expected postoperative findings. Tylenol with codeine was prescribed. Physical therapy was not being planned since the surgery done had been a revision repair. The Q-tech recovery system is a combination compression and heat / cold unit. In terms of thermal modalities, the use of heat and ice are low cost as at-home applications, have few side effects, and are noninvasive. The at-home application of heat or cold packs is recommended. However, in this case, simple, low-tech thermal modalities would meet the claimant's needs. There would be no need for compression therapy. Therefore, the requested Q-Tech rental is not medically necessary.