

Case Number:	CM15-0132807		
Date Assigned:	07/20/2015	Date of Injury:	01/28/2015
Decision Date:	08/19/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/09/2015

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: Illinois, California, Texas
 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:

This injured worker is a 55-year-old female who sustained an industrial injury on 1/28/15. Injury occurred when he fell backwards off a tanker truck, landing on his buttocks and lower back. Past medical history was positive for hypertension, renal carcinoma, obstructive sleep apnea, and bipolar disorder. Past surgical history was positive for L4/5 fusion in 2000 and right nephrectomy in 2008. Conservative treatment for the shoulder included anti-inflammatory medication, subacromial corticosteroid injection, activity modification and physical therapy. The 4/13/15 right shoulder MRI impression documented infraspinatus tendinopathy with undersurface tear measuring up to 6 mm, and supraspinatus and subscapularis tendinopathy to a milder degree. There was glenoid chondromalacia with subchondral edema. The 5/22/15 treating physician report cited persistent right shoulder pain with limited lifting and reaching. Progress report documented anterior acromial tenderness, rotator cuff weakness, forward elevation to 160 degrees with pain, and positive impingement testing. The injured worker had failed extensive conservative treatment. The treatment plan recommended right shoulder arthroscopy with acromioplasty, distal clavicle excision, and rotator cuff repair. Authorization was also requested for a cold therapy unit for 30 days. The 6/8/15 utilization review noted certification of surgery and modified the request for 30-day rental of a cold therapy unit to 7-day rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy unit 30 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment Integrated updated 05/04/15.

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 California MTUS are silent regarding cold therapy devices. The Official Disability Guidelines recommend continuous flow cryotherapy as an option after shoulder surgery for 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. The use of a cold therapy unit would be reasonable for 7 days post-operatively. The 6/8/15 utilization review decision recommended partial certification of a cold therapy unit for 7-day rental. There is no compelling reason in the medical records to support the medical necessity of a cold therapy unit beyond the 7-day rental already certified. Therefore, this request is not medically necessary.