

Case Number:	CM15-0138907		
Date Assigned:	07/31/2015	Date of Injury:	06/15/2013
Decision Date:	08/28/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/17/2015

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, Oregon, Washington
 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 (IW) is a 61-year-old male who sustained an industrial injury on 06-15-2013. Diagnoses include large right shoulder rotator cuff tear. Treatment to date has included medications and activity modification. According to the progress notes dated 5-6-2015, the IW reported mild pain and weakness in the right shoulder with pushing, pulling and overhead reaching. On examination, there was some atrophy of the supraspinatus and the infraspinatus and mild protraction of the scapula. The acromioclavicular joint and biceps groove were non-tender, but there was some discomfort over the anterolateral rotator cuff. Range of motion of the left shoulder was 170 degrees (passive), extension approximately 45 degrees and abduction at 90 degrees allowed 90 degrees of external rotation and 50 degrees of internal rotation. The IW had fairly good strength on manual testing of the ranges. MRI of the right shoulder on 1-17-2014 showed a complete tear of the supraspinatus tendon with retraction and tendon gap of approximately 4 cm; small partial thickness tears of the infraspinatus tendon; subscapularis tendinosis; and mild to moderate fluid in the subacromial and subdeltoid regions. Mild to moderate degenerative changes of the acromioclavicular joint were also noted. MRI of the right shoulder was repeated on 6-2-2015 and was similar to the prior study. Right shoulder arthroscopy was authorized. A request was made for a cold therapy unit with sterile pad and dressing for use post-operatively for the right shoulder to treat pain and swelling.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Cold therapy unit with sterile pad and dressing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cold compression therapy.

Decision rationale: CA MTUS/ACOEM is silent on the issue of cold compression therapy. According to the ODG, Cold compression therapy, it is not recommended in the shoulder as there are no published studies. It may be an option for other body parts such as the knee although randomized controlled trials have yet to demonstrate efficacy. As the guidelines do not recommend the requested DME, the determination is for non-certification.