

Case Number:	CM15-0166175		
Date Assigned:	09/03/2015	Date of Injury:	05/21/2014
Decision Date:	10/06/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	08/24/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 39 year old man sustained an industrial injury on 5-21-2014. The mechanism of injury is not detailed. Diagnoses include bilateral rotator cuff tendinitis. Treatment has included oral medications, physical therapy, rest, ice, and left shoulder injection. Physician notes dated 6-16-2015 show complaints of bilateral shoulder pain. Recommendations include surgical intervention with post-operative physical therapy and home health nurse.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Cold compression 14 day rental and purchase of pad DOS 08/07/2015: 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 ODG, Shoulder, Cryotherapy.

Decision rationale: This claimant was injured in 2014 with bilateral rotator cuff tendinitis. Treatment has included oral medications, physical therapy, rest, ice, and left shoulder injection. As of June, there is still bilateral shoulder pain. Recommendations include surgical intervention. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding Cryotherapy or cold unit devices for the shoulder, the ODG notes in the Shoulder section: 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 (e.g., 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. (Hubbard, 2004) (Osbaehr, 2002) (Singh, 2001). As just up to seven days rental is considered reasonable, the request was appropriately not certified. As the request was not certifiable, the pad also is not medically necessary.