

Case Number:	CM15-0182236		
Date Assigned:	09/23/2015	Date of Injury:	12/17/2012
Decision Date:	10/27/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/16/2015

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, South Carolina

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

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 female who sustained an industrial injury on 10-17-2012. The injured worker was being treated for right shoulder partial-thickness rotator cuff tear. On 7-30-2015, the injured worker reported bilateral shoulder pain that was worse on the left than the right. The physical exam (7-30-2015) revealed tenderness to palpation of bilateral shoulders, ability to elevate shoulders actively to 100 degrees and passively to 170 degrees limited by pain, and pain with Neer and Hawkin's impingement sign. Per the treating physician (7-30-2015 report), the injured worker was pending right shoulder arthroscopy surgery for a partial-thickness rotator cuff tear. Per the treating physician (8-17-2015 report), the injured worker will require a cold therapy recovery system to help with postoperative pain control and inflammation. Per the medical records (10-13-2015 report), an MRI of the right shoulder from revealed a partial tear involving the articular surface along the posterior aspect of the supraspinatus tendon at the level of the insertion on the greater tuberosity. There was supraspinatus and infraspinatus tendinopathy. Treatment has included work restrictions and medications including topical pain, muscle relaxant, and non-steroidal anti-inflammatory. On 8-17-2015, the requested treatments included a cold therapy recovery system for the right shoulder. On 8-20-2015, the original Utilization Review partially approved request for a cold therapy recovery system for the right shoulder for a 7-day rental (instead of purchase).

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy recovery system for purchase for the 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, 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 (Acute & Chronic), Continuous-flow cryotherapy.

Decision rationale: Per the Official Disability Guidelines (ODG), they state that continuous-flow cryotherapy is recommended as an option after surgery, and that postoperative use generally may be up to 7 days, to include home use. Postoperatively, continuous-flow cryotherapy has been proven to decrease pain, inflammation, swelling, and narcotic usage. In the case of this injured worker, continuous-flow cryotherapy may be beneficial, thus, the recommendation for rental of a cold therapy recovery system for 7 day usage. However, the request for cold therapy recovery system for purchase for the right shoulder is not medically necessary.