

Case Number:	CM15-0184227		
Date Assigned:	09/24/2015	Date of Injury:	04/04/2014
Decision Date:	11/03/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/18/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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:

The injured worker is a 44 year old male, who sustained an industrial injury on 4-4-2014. The injured worker was being treated for right shoulder osteoarthritis and status post right shoulder labral tear twice. On 8-28-2015, the injured worker reported ongoing right shoulder pain, which is intolerable. The physical exam (8-28-2015) revealed well-healed arthroscopic portals, trace right deltoid atrophy, no rotator cuff atrophy in the supraspinatus or infraspinatus fossa, painful forward flexion at 135 degrees, painful abduction of 140 degrees, external rotation of 70 degrees, internal rotation is T12 (thoracic 12), and painful and non-specific provocative tests including rotator cuff, labral, and acromioclavicular joint pathology. There was subacromial and glenohumeral joint crepitus and strength testing to forward flexion, external rotation, and internal rotation was 4. Per the treating physician (9-2-2015 report), the injured worker wanted to proceed with hemiarthroplasty of the right shoulder. The treating physician noted that Game Ready cold therapy worked well after the injured worker's last visit. On 7-17-2015, an MR arthrogram of the right shoulder revealed rotator cuff tendinosis involving the infraspinatus tendon, which likely represents a combination of interstitial tearing and degeneration. There was advanced glenohumeral joint osteoarthritis with worsening and chronic labral tearing and detachment of the posterior quadratus. There was biceps anchor tearing and posterior subluxation of the humeral head. On 8-28-2015, x-rays of the right shoulder revealed degenerative change of the right shoulder with subchondral sclerosis of the glenoid and subcortical lucencies of the humeral head. Surgeries to date have included right shoulder surgery on 7-23-2014 and right shoulder arthroscopy, posterior stabilization, superior labral tear from anterior to posterior repair,

extensive debridement, microfracture chondroplasty, and platelet rich plasma injection. Treatment has included right shoulder steroid injections with 2 days pain relief with each injection, postoperative physical therapy, a home exercise program, work modifications, and medications including short and long-acting oral pain, topical pain, muscle relaxant, and non-steroidal anti-inflammatory. Per the treating physician (8-5-2015 report), the employee has returned to modified work that includes no lifting greater than 10 pounds, limited use of the right arm, and no reaching or overhead work. The requested treatments included purchase of Game Ready. On 9-3-2015, the original utilization review non-certified a request for purchase of Game Ready as it was unclear that the device was an option after surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Game Ready: 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) http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation Game ready: Cold therapy compression system. <http://www.gameready.com>, accessed 10/31/2015.

Decision rationale: Game Ready is a combination cold therapy and compression treatment. The MTUS Guidelines support the use of cold therapy only during the earliest phase of treatment and not for longer than two weeks. The goal is temporary pain relief in order to allow for progressive exercise and activity. The submitted and reviewed records indicated the worker was experiencing right shoulder pain that goes into his arm and problems sleeping. Treatment with surgery for this shoulder is being planned. These records indicate the worker was to use this treatment after surgery. However, the request did not indicate the length of time the treatment would be used, the reason this specific system was preferred, or if the request was for purchase or rental. In the absence of such evidence, the current request for the unspecified purchase or rental of the Game Ready system is not medically necessary.