

Case Number:	CM15-0205529		
Date Assigned:	10/22/2015	Date of Injury:	02/25/2005
Decision Date:	12/21/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/20/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 is a 51-year-old female who sustained a work-related injury on 2-25-05. Medical record documentation on 6-24-15 revealed the injured worker was being treated for right shoulder impingement syndrome with plans for surgical intervention. Documentation on 7-30-15 revealed the injured worker had right shoulder arthroscopy with Mumford procedure on 7-28-15. Post-operative objective findings included diffuse tenderness of the right shoulder. Her right shoulder range of motion included flexion to 140 degrees, abduction to 130 degrees, external rotation to 80 degrees, internal rotation to 40 degrees and extension to 50 degrees. She had pain at each limit. The injured worker had positive impingement I and Hawkins and negative impingement II. Her right shoulder girdle strength was 5-5 with pain in each direction. The evaluating physician completed an extension prescription for fourteen days for pneumatic compression and cold therapy system (game ready) on 8-26-15. The evaluating physician noted that he considered the device medically necessary as part of the post-operative treatment protocol. A request for pneumatic compression and cold therapy system (game ready) extension for the right shoulder times 14 days was received on 9-23-15. On 9-30-15, the Utilization Review physician determined intermittent pneumatic compression and cold therapy system (game ready) extension for the right shoulder times 14 days was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intermittent pneumatic compression and cold therapy system (game ready) extension for right shoulder times 14 days: 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. Updated 9/8/15. Online version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder, Game Ready ODG, Shoulder, Continuous-flow cryotherapy.

Decision rationale: The patient presents with pain affecting the right shoulder. The current request is for Intermittent pneumatic compressions and cold therapy (game ready) extension for right shoulder times 14 days. The UR report dated 9/29/15 (7A) notes that the patient was certified for a 28-day use of a game ready system. The MTUS guidelines do not address the current request. The ODG guidelines state the following regarding game ready systems: "Not recommended until there are quality studies to support its use in the shoulder. The Game Ready system combines Continuous-flow cryotherapy with the use of vaso-compression. While there are studies on Continuous-flow cryotherapy, there are limited high quality studies on the Game Ready device or any other combined system. Based on the results of this RCT, no recommendation can be made regarding cold compression therapy versus cold therapy after arthroscopic surgery of the shoulder. The authors concluded that clinicians should question the need for expensive cold compression therapy in short-term post-op treatment after arthroscopic surgery of the shoulder." The ODG guidelines state the following regarding continuous flow cryotherapy: "Recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use." The patient is status post right shoulder rotator cuff repair on 7/6/15. In this case, the ODG guidelines do not recommend the use of a game ready system. Furthermore, the patient was already certified for a game ready system for 28 days. Additionally, the ODG guidelines only support continuous flow cryotherapy for up to 7 days post operatively. The current request is not medically necessary.