MAXIMUS Federal Services

Case Number:	CM15-0024809		
Date Assigned:	02/17/2015	Date of Injury:	12/02/2013
Decision Date:	03/31/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/09/2015

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: Iowa, Illinois, Hawaii
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 male patient, who sustained an industrial injury on 12/02/2013. A primary treating office visit dated 01/09/2015, reported subjective complaints of right shoulder with decreased pain level that radiates into right arm/hand causing numbness/tingling and stiffness. His neck has increased pain since not participating in therapy. The neck pain is constant, sharp rated a 7 in intensity out of 10. The patient also complained of frequent back pain that radiated into bilateral legs. Objective findings showed tenderness to palpation of right shoulder, both cervical and lumbar spine along with improving range of motion to right shoulder. He is also found with a positive straight leg raise on the left and positive for spasm at lumbar spine. He is diagnosed with cervical spine strain/sprain myofascitis with radiculitis; thoracic spine sprain/strain myofascitits with radiculitis and lumbar sprain/strain myofascitis with radculitis. The plan of care involved continue with physical therapy. A request was made for diagnostic durable medical equipment cold therapy with wrap, 35 dy rental and ProSling with abduction pillow. On 01/14/2015, Utilization review, non-certified the request, noting the ACOEM, Shoulder Chapter and the ODG, Shoulder Chapter, continuous flow Cryotherapy were cited. On 02/09/2015, the injured worker submitted an application for independent medical review of services requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Q-tech cold therapy recovery system with wrap, s/p surgery for home use up to 35 days (6-8 hours or as needed): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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 Shoulder (Acute & Chronic), Continuous-flow cryotherapy

Decision rationale: MTUS and ACOEM are silent regarding this topic. ODG states, "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 (eg, muscle strains and contusions) has not been fully evaluated."Medical documentation provided indicate this patient underwent surgery in 10/2014, a 7 day post-operative time period is reasonable and within guidelines. The treating physician does not include additional information that would justify the use of a cold therapy unit in excess of the guideline recommendation. As such, the request for Q-tech cold therapy recovery system with wrap, s/p surgery for home use up to 35 days (6-8 hours or as needed) is not medically necessary.

Pro-Sling with abduction pillow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints,Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder, Shoulder Sling pillow

Decision rationale: ODG states "Recommended as an option following open repair of large and massive rotator cuff tears. The sling/abduction pillow keeps the arm in a position that takes tension off the repaired tendon. Abduction pillows for large and massive tears may decrease tendon contact to the prepared sulcus but are not used for arthroscopic repairs. (Ticker, 2008)." Guidelines recommend the use of this type of sling if an open repair of a massive rotator cuff tear has been performed, medical documentation does not indicate this type of repair was completed. As such, the request for Pro-Sling with abduction pillow is not medically necessary.