

Case Number:	CM15-0211549		
Date Assigned:	10/30/2015	Date of Injury:	02/11/2012
Decision Date:	12/18/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/27/2015

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, California
 Certification(s)/Specialty: 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:

This injured worker is a 68 year old male, who sustained an industrial injury on 02-11-2012. The injured worker was diagnosed as having pain in joint - left shoulder. On medical records dated 09-21-2015, the injured worker presented for medical clearance for arthroscopy of left shoulder, date of surgery was 09-23-2015. Injured worker reported shoulder and back pain, and numbness of the left leg as well. Objective findings were noted as bilateral shoulder pain and limited range of motion was noted on left upper extremity. Treatment to date included medication. Current medications were not listed on 09-21-2015. The Utilization Review (UR) was dated 10-01-2015. A Request for Authorization was dated 09-23-2015. The UR submitted for this medical review indicated that the request for cooling system 4 week rental and purchase of pad-wrap (left shoulder) was partially certified. The patient had MRI of the left shoulder on 10/29/13 that revealed full thickness tear of the supraspinatus tendon. Per the note dated 8/18/15 the patient had complaints of left shoulder pain. Physical examination of the left shoulder revealed limited range of motion. Per the note dated 10/13/15 the patient was s/p left surgery and Physical examination of the left shoulder revealed clean dry wound, no erythema and staples were removed and patient was recommended for post op PT. The patient's surgical history include left shoulder surgery on 9/23/15 and right foot surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cooling system 4 week rental and purchase of pad/wrap (left 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 (Acute & Chronic) - Continuous-flow cryotherapy.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back (updated 06/25/15) Heat/cold applications Shoulder (updated 10/26/15) Continuous- flow cryotherapy.

Decision rationale: Request: Cooling system 4 week rental and purchase of pad/wrap (left shoulder). Per the cited guidelines "Patients" at-home applications of heat or cold packs may be used before or after exercises and are as effective as those performed by a therapist. The rationale for not using simple hot/cold packs versus the use of this DME is not specified in the records provided. Per the cited guidelines, "Insufficient testing exists to determine the effectiveness (if any) of heat/cold applications." As per cited guideline, "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 cited guideline recommended a cooling system as an option after surgery for up to 7 days. This is a request for Cooling system 4 week rental and purchase of pad/wrap. Therefore the request is more than the recommendations of the cited guideline. A detailed rationale for requesting the Cooling system 4 week rental and purchase of pad/wrap was not specified in the records specified. A detailed response to previous conservative therapy was not specified in the records provided. Evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The medical necessity of the Cooling system 4 week rental is not fully established and therefore the need for the purchase of pad/wrap is also not established. The medical necessity of the request for Cooling system 4 week rental and purchase of pad/wrap is not fully established in this patient.