

Case Number:	CM15-0219210		
Date Assigned:	11/12/2015	Date of Injury:	07/05/2011
Decision Date:	12/22/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	11/06/2015

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: Massachusetts

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

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 female who sustained an industrial injury on 7-5-11. A review of the medical records indicates that the worker is undergoing treatment for right shoulder superior labrum, anterior to posterior tear, painful. Subjective complaints (9-1-15) include continued pain and discomfort in the shoulder with no improvement with strengthening exercises. Objective findings of the right shoulder (9-1-15) include flexion to 170 degrees, internal rotation to 80 degrees, positive O'Brien test, no evidence of instability and negative supraspinatus test, infraspinatus test, and subscapularis test. A history of arthroscopy and subacromial decompression (2005) was noted. Previous treatment includes physical therapy, posterior labral repair (9-19-11), and right shoulder SLAP repair (4-11-12). The plan includes a right shoulder arthroscopy, biceps tenodesis, and superior labral tear from anterior to posterior (SLAP) debridement surgery as indicated. A request for authorization is dated 9-30-15. The requested treatment of a cold therapy unit with pad, for the right shoulder, 2 week rental was modified to 1 week on 10-6-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy unit with pad, for right shoulder, 2 week rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder (Acute & Chronic) - 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: The claimant sustained a work injury to the right shoulder in July 2011 while working as a [REDACTED]. She has a history of multiple right shoulder surgeries. She had a pre-injury history of surgery in 2005. After her injury, she underwent arthroscopic surgery for of labral tear in September 2011 and again in April 2012. An MRI of the right shoulder in March 2015 showed postsurgical changes with a suspected anterosuperior labral tear. When seen in September 2015 she was having continued pain and discomfort. There had been no improvement with strengthening exercises. Physical examination findings included positive O'Brien testing. Right shoulder arthroscopic surgery with a labral debridement and biceps tenodesis and a two week rental of a cold therapy unit are being requested. Continuous-flow cryotherapy can be recommended as an option after surgery. Postoperative use generally may be up to seven days, including home use. Cold is believed to have therapeutic benefits including decreasing inflammation and swelling. However, a two week rental is being requested. Although the claimant has undergone multiple prior right shoulder arthroscopic surgeries, there have been no reported complications and no rationale is given for the duration of intended use. The requested cold compression device rental is not medically necessary.