

Case Number:	CM15-0220546		
Date Assigned:	11/13/2015	Date of Injury:	08/31/2009
Decision Date:	12/23/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	11/09/2015

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: Montana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 60 year old male, who sustained an industrial injury on 8-31-09. The injured worker is diagnosed with bilateral rotator cuff tear and bilateral carpal tunnel syndrome. His work status is temporary total disability. Notes dated 5-6-15, 9-2-15 and 10-7-15 reveals the injured worker presented with complaints of continued right shoulder pain with decreased range of motion and increased pain with activities of daily living. Physical examinations dated 5-6-15, 9-2-15 and 10-7-15 revealed right shoulder extension and abduction strength is 4-4+ out of 5, weakness with lift testing and pain with cuff testing. The Hawkins, Jobe's and the spring back arm tests are positive. Crepitus is noted in the right shoulder. Treatment to date has included right shoulder injection and right shoulder surgical intervention. Diagnostic studies include right shoulder MRI and urine toxicology screen. A request for authorization dated 10-9-15 for cold compression unit for 7-day rental is denied, per Utilization Review letter dated 10-21-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME (durable medical equipment): Cold compression unit, 7 day 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Cold compression therapy and Continuous-flow cryotherapy.

Decision rationale: The MTUS is silent regarding cold compression units for the shoulder. The ODG guidelines for the shoulder state that cold compression therapy is not recommended in the shoulder, as there are no published studies. It may be an option for other body parts. See the Game Ready accelerated recovery system in the Knee Chapter. The Game Ready device provides both active, continuous cold and intermittent, pneumatic compression to the post-op joint. There has been an RCT underway since 2008 to evaluate and compare clinical post-operative outcomes for patients using an active cooling and compression device (Game Ready), and those using ice bags and elastic wrap after acromioplasty or arthroscopic rotator cuff repair, but the results are not available. (NCT, 2013) The ODG guidelines state that continuous-flow cryotherapy units are recommended as an option after surgery, but not for non-surgical 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 (e.g., muscle strains and contusions) has not been fully evaluated. Continuous-flow cryotherapy units provide regulated temperatures through use of power to circulate ice water in the cooling packs. Complications related to cryotherapy (i.e., frostbite) are extremely rare but can be devastating. (Hubbard, 2004) (Osbaahr, 2002) (Singh, 2001) In this case the treatment note on 11-19-15 indicates that revision rotator cuff repair has been authorized. As such, continuous-flow cryotherapy cold therapy units are appropriate for a 7 day period post-operatively, however cold compression units are not recommended. The request for a cold compression unit, 7-day rental is not medically necessary.