

Case Number:	CM15-0220768		
Date Assigned:	11/13/2015	Date of Injury:	01/13/2015
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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 51 year old, male who sustained a work related injury on 1-13-15. A review of the medical records shows he is being treated for right shoulder pain. In the progress notes dated 9-17-15, the injured worker reports he continues to have weakness, giving way, popping, grinding of his right shoulder. Upon physical exam dated 9-17-15, he has positive Neer and Hawkins impingement signs with weakness. Treatments have included-none noted prior to surgery. Current medications include-none listed. He was working modified duty prior to surgery on 10-9-15. The treatment plan includes right shoulder surgery. There is a prescription written for the cold compression unit on date of surgery, 10-9-15. The Request for Authorization dated 10-9-15 has requests for a cold compression unit with compression pad. In the Utilization Review dated 10-21-15, the requested treatment of 14 days of cold compression unit with compression pad is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

14 days of cold compression unit with compression pad: 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) - Cold compression therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://www.aetna.com/cpb/medical/data/200_299/0297.html.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, 14-day cold compression unit with compression pad is not medically necessary. The ACOEM states; patient at home application of heat or cold packs may be used before or after exercises and aren't effective as those performed by a therapist. The vascuTherm device provides heat and cold compression therapy wrap for the patient's home for indication of pain, edema, and DVT prophylaxis for post-operative orthopedic patients. ODG Guidelines specifically addresses the short-term benefit of cryotherapy post-surgery; however, limits the use for 7-day post-operative period as efficacy has not been proven after. Aetna considers passive hot and cold therapy medically necessary. Mechanical circulating units with pumps have not been proven to be more effective than passive hot and cold therapy. In this case, the injured workers working diagnosis is full thickness rotator cuff tear. Date of injury is January 13, 2015. The injured worker underwent right rotator cuff arthroscopic repair October 9, 2015. The progress note dated September 17, 2015 and the subsequent progress note (post surgery) dated October 22, 2015, do not contain a request for a compression unit with compression pad. According to the September 17, 2015 progress note, the injured worker has ongoing right shoulder pain with popping. Objectively, provocative testing was positive for Hawkins's and Neer's. It was positive impingement. There was no request for a compression unit with compression pad. There is no documentation with comorbidity conditions or risk factors for the vein thrombosis. The guidelines recommend a seven day postoperative period for a cold compression unit (when indicated). The cold compression unit is not clinically indicated for shoulder surgery. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no clinical indication for a cold compression unit with compression pad with arthroscopic surgery of the shoulder, no comorbid conditions or risk factors for deep vein thrombosis and guideline recommendations (when indicated) for a 7 day rental of a compression unit and no documentation, discussion, indication or rationale for the compression unit and compression pad in the medical record documentation, 14 day cold compression unit with compression pad is not medically necessary.