

Case Number:	CM15-0038468		
Date Assigned:	03/09/2015	Date of Injury:	08/15/2014
Decision Date:	04/10/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	03/02/2015

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 60-year-old male, who sustained an industrial injury on August 15, 2014. He has reported a fall on to his right shoulder with the onset of pain and discomfort. The diagnoses have included right shoulder impingement syndrome and right shoulder full-thickness tear of the rotator cuff tendon. Treatment to date has included diagnostic studies and medication. On November 12, 2014, the injured worker reported that he was still having some aching discomfort in his right shoulder. He still had difficulty with reaching, grasping and performing day-to-day activities. Physical examination showed active forward flexion up to 90 degrees, abduction 80 degrees and external rotation 40 degrees with compensatory posturing and positive impingement. On January 29, 2015, Utilization Review non-certified retrospective purchase of a water circulating cold pad with pump for the right shoulder (date of service 12/09/2014), noting the Official Disability Guidelines. On March 2, 2015, the injured worker submitted an application for Independent Medical Review for review of retrospective purchase of a water circulating cold pad with pump for the right shoulder (date of service 12/09/2014).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for purchase of an water circulating cold pad with pump for the right shoulder with date of service of 12/09/2014: 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) Chapter, and 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 section, Cryotherapy continuous cold unit.

Decision rationale: Pursuant to the Official Disability Guidelines, retrospective purchase water circulating cold pack with pump right shoulder date service December 9, 2014 is not medically necessary. Continuous flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use maybe for up to seven days, including home use, In the post operative setting, continuous flow cryotherapy units have been proven to decrease pain, inflammation, swelling and narcotic use; however the effect on more frequently treated acute injuries has not been fully evaluated. In this case, the injured worker is being scheduled for arthroscopic subacromial decompression, distal clavicle excision, bursectomy, rotator cuff repair with potential chondroplasty and loose body removal and/or bicipital tenodesis. In the request for authorization, the treating physician requested water-circulating cold pack with pump right shoulder. There was no additional information in the medical record as to the timeframe requested for the continuous flow cryotherapy unit. Utilization review indicated a peer-to-peer call was attempted with the physician's office. The peer review physician was connected with the DME section of the physician's office and was instructed the injured worker would be using the continuous flow cryotherapy unit in the postoperative phase for 30 days. Continuous flow cryotherapy is recommended as an option after surgery for up to seven days. Although the peer review physician did not have a direct communication with the treating physician, the DME section reported a 30-day use. Consequently, absent clinical documentation pursuant to the appropriate recommendations with the seven-day rental, retrospective purchase water circulating cold pack with pump right shoulder date of service December 9, 2014 is not medically necessary.