

Case Number:	CM15-0081938		
Date Assigned:	05/04/2015	Date of Injury:	04/11/2014
Decision Date:	06/04/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/29/2015

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

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 65-year-old male, with a reported date of injury of 04/11/2014. The diagnoses include right shoulder supraspinatus rotator cuff tear, full thickness; right shoulder impingement; right shoulder acromioclavicular arthrosis; right shoulder suprascapular nerve palsy; and right shoulder pain. Treatments to date have included oral medications, an MRI of the right shoulder, an abduction sling, and home exercise program. The progress report dated 03/20/2015 indicates that the injured worker complained of ongoing discomfort in his right shoulder following right shoulder arthroscopy. It was noted that the injured worker was doing fairly well. The injured worker described the pain as a mild to moderate 5-6 out of 10. He rated his pain 4-5 out of 10 with the use of medication. The injured worker denied numbness or tingling in the arm. The physical examination showed the wearing of an abduction sling, and deferred range of motion and strength. The physical examination on 03/06/2015 showed well-healed surgical incision on the right shoulder without signs of infection; normal sensation; and no swelling. The treating physician requested pneumatic cold compression unit for 14 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pneumatic cold compression unit (in days) Qty: 14.00: 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 chapter.

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

Decision rationale: Regarding the request for Cold Therapy Unit for 14 day rental for the right shoulder, the CA MTUS and ACOEM do not directly address this issue. While these guidelines recommend cold/heat application, they do not have details of cold/heat units. ODG cites that continuous-flow cryotherapy is recommended as an option after surgery for up to 7 days, including home use, but not for non-surgical treatment. Within the documentation available for review, it is specified the unit is intended for post-surgical treatment with shoulder surgery done 2/26/15. Nonetheless, if the unit rental was intended for post-surgical therapy the number of days requested exceed the maximum number recommended by guidelines. As such, the currently requested Cold Therapy Unit rental for the shoulder is not medically necessary.