

Case Number:	CM14-0136365		
Date Assigned:	09/03/2014	Date of Injury:	04/13/2013
Decision Date:	10/08/2014	UR Denial Date:	07/26/2014
Priority:	Standard	Application Received:	08/25/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Indiana. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 45-year-old female RN with a date of injury of 4/13/13 when she was walking across the operating room on a travel assignment in [REDACTED] and her foot got caught on a stool and the worker fell on her left arm. She developed significant shoulder pain at the time, was seen at an urgent care, and received PT. Due to continued symptoms including stiffness of the left shoulder, she saw two orthopedists and underwent a shoulder manipulation in August, 2013, for a frozen shoulder. Her shoulder ROM improved after the manipulation, but she had continued shoulder pain. An MRI of the left shoulder performed on 12/30/13 revealed a Type 2 acromion process with possible partial tear of the subscapularis tendon, mild hypertrophic degenerative changes of the AC joint, with mild rotator cuff tendinosis with tiny partial-thickness/intrasubstance tear involving the insertional fibers of the supraspinatus. A left shoulder arthrogram performed on the same date showed no evidence of significant size left rotator cuff tear identified. X-rays of the left shoulder performed on 5/5/14 revealed a type II/III acromion and significant AC joint arthrosis. Positive physical findings on examination of the shoulder on 5/5/14 included a positive Neer's test and significant pain with forward flexion greater than 130 degrees. The worker underwent surgery on 6/6/14 for a left shoulder examination under anaesthesia, arthroscopic subacromial decompression, distal clavicle resection, and rotator cuff and glenohumeral debridement for left shoulder impingement syndrome, left shoulder AC arthrosis, left shoulder partial thickness rotator cuff tear, and left shoulder early adhesive capsulitis. . A retrospective request was made for the use of a water-circulating pump with pad for post-operative pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Water circ cold pad with pump: Overturned

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 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 and Chronic), Continuous Cold Therapy

Decision rationale: According to the ODG Guidelines Continuous Cold Therapy is recommended as an option after surgery, but not for nonsurgical 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 (eg, muscle strains and contusions) has not been fully evaluated. The injured worker underwent an arthroscopic procedure on the left shoulder on 6/6/14 and a retrospective request was made by the treating physician for a water circulating cold pad with pump for post-operative pain control. The initial request was denied as medically unnecessary, but subsequently the insurance company on 7/26/14 approved the request with modification for 2 days use in the outpatient setting. The request is reasonable, meets ODG criteria for use, and is therefore medically necessary.