

Case Number:	CM14-0138891		
Date Assigned:	09/05/2014	Date of Injury:	10/01/2007
Decision Date:	09/30/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	08/27/2014

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 Emergency Medicine and is licensed to practice in California. 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:

Patient with reported date of injury on 10/1/2007. Mechanism of injury is a fall from a ladder. Patient has a diagnosis of cervical radiculitis, bilateral shoulder impingement syndrome with post-traumatic acromioclavicular joint arthritis with rotator cuff tendinitis, lumbar disc disease with radiculopathy, R knee meniscus tear with traumatic arthritis, L knee arthritis and R ankle arthritis. Patient is post multiple R knee surgery and anterior cervical fusion. Medical reports reviewed. Last report available until 8/12/14. Patient complains severe pain to L shoulder. Burning sensation with motion. Objective exam reveals tenderness to L shoulder, limited range of motion. Positive Hawkins, Apprehension and Neers test. Strength is 4/5. Note from 8/1/14 states that the "ice machine" is a Q-tech Recovery System that is requested for post-operatively for the L shoulder. The device reportedly offers cold therapy, compression and heat. MRI of L shoulder(5/13) revealed spinoglenoid notch cyst secondary to labral tear, partial tear and tendinosis at supraspinatus and infraspinatus. Patient has completed almost 50 sessions of physical therapy with some benefit. No medication list was provided for review. Medications include Tylenol #4, Naprosyn and Norco. Independent Medical Review is for "ice machine". Prior UR on 8/18/14 recommended modification to a 7day rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ice Machine: 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), 12th edition (web), 2014, Shoulder, continuous-flow cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) <Shoulder(Acute and Chronic)>, <Continuous-Flow Cryotherapy.

Decision rationale: Note from 8/1/14 states that the "ice machine" is a Q-tech Recovery System that is requested for post-operatively for the L shoulder. The device reportedly offers cold therapy, compression and heat. Report/request does not mention how long the unit is to be used for. MTUS Chronic Pain and ACOEM guidelines only have vague recommendations concerning icing post surgery and do not provide information to make an evidenced based recommendations. As per Official Disability Guide(ODG), continuous flow cryotherapy is recommended as a post-surgical option as it may decrease inflammation, pain and swelling. ODG only recommends up to 7days of use. The lack of actual length of use means that the request is incomplete. Due the incomplete request without length of service/rental of the device, "ice machine" is not medically necessary.