

Case Number:	CM14-0141944		
Date Assigned:	09/10/2014	Date of Injury:	02/18/2011
Decision Date:	10/30/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/02/2014

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 Occupational 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:

The applicant is represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of February 18, 2011. In a Utilization Review Report dated August 18, 2014, the claims administrator denied a request for Thermoacure contrast compression therapy device. The claims administrator interpreted this device as a continuous cryotherapy device following planned shoulder surgery. In an April 24, 2014 progress note, the applicant reported persistent complaints of right shoulder pain. The applicant was diagnosed with shoulder tendonitis with possible labral tear. Work restrictions were endorsed. The applicant was given prescriptions for Relafen and Norco. It was stated that the applicant was a likely candidate for a shoulder arthroscopy and/or labral repair surgery. On July 17, 2014, the applicant presented with persistent complaints of shoulder pain. The applicant was pending a right shoulder arthroscopy scheduled for August 11, 2014. Relafen and Norco were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thermoacure contrast compression therapy unit rental for 30 days.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 18th Edition, 2013 Updates, Shoulder Chapter, Continuous Flow Cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder Chapter, Continuous-flow Cryotherapy topic. Product description.

Decision rationale: Based on the product description, the device does represent a form of continuous-flow cryotherapy device. The MTUS does not address the topic of continuous-flow cryotherapy. However, as noted in ODG's Shoulder Chapter, Continuous-flow Cryotherapy topic, continuous-flow cryotherapy is recommended as an option for postoperative use following shoulder surgery. ODG notes, however, that continuous-flow cryotherapy should be reserved for postoperative use, for up to seven days, as potential complications of continuous-flow cryotherapy can include frostbite, which can potentially be devastating. Thus, the 30-day rental of the contrast compression unit/continuous-flow cryotherapy device runs counter to ODG principles and parameters. Therefore, the request is not medically necessary.