

Case Number:	CM14-0162894		
Date Assigned:	10/08/2014	Date of Injury:	08/11/2011
Decision Date:	11/07/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/03/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 58-year-old male who reported a work related injury on 08/11/2011 due to a fall. The injured worker's diagnosis consisted of rotator cuff strain and sprain. Past treatment was noted to include home electrotherapy, physical therapy, injections, and medication management. The injured worker was noted to have an arthroscopic repair of the right shoulder on 12/28/2012. Upon examination on 03/25/2014, the injured worker complained of pain in the right glenohumeral joint. The pain was noted to be continuous and intensifies when he reaches below shoulder level and increases with elevation of the arm above shoulder level. The pain was also noted to increase with repetitive activities such as brushing teeth. The record noted he was unable to vacuum and is unable to lift above waist level with the right dominant extremity due to shoulder pain. The injured worker was also noted to experience left shoulder pain. The pain was noted to be continuous and also intensifies with reaching below shoulder level and increases further with elevation of the left arm above shoulder level without provocation. Upon physical examination it was noted that the injured worker's standing posture was normal. Head carriage was normal and shoulders were level. There was no evidence of scoliosis or spinal decompensation. The alignment of the upper extremities was noted to be normal without evidence of muscular wasting or deformity. Subacromial and anterior glenohumeral regions of both shoulders were tender. The tenderness was more pronounced on the right side, but on the right side, tenderness extended to the bicipital groove. The injured worker was noted to be able to place the hands on the occiput and on the contralateral shoulders and in the lower portions of the back, although with pain at the extremes of movement in all fields. The injured worker's prescribed medications were noted to include ibuprofen and Levothroid. The treatment plan consisted of postop cold therapy unit. The rationale for the request was postop treatment. A Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OP COLD THERAPY UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

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

Decision rationale: The request for postop cold therapy unit is not medically necessary. The Official Disability Guidelines state continuous flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. Postoperative 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 such as muscle strains and contusions have not been fully evaluated. Continuous flow cryotherapy units provide regulated temperature through the use of power to circulate ice water in the cooling packs. Complications related to cryotherapy are extremely rare, but can be devastating. In regard to the injured worker, it was noted that the injured worker had surgical intervention. However, within the request the length of time the injured worker would use the cold therapy unit was not specified. There is no evidence in the guidelines for use after the initial 7 days, nor do the guidelines recommend unspecified duration. As such, the request for a postop cold therapy unit is not medically necessary.