

Case Number:	CM14-0173794		
Date Assigned:	10/27/2014	Date of Injury:	02/11/2005
Decision Date:	12/15/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/21/2014

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 Sports 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 injured worker is a 59-year-old female who reported an injury on 02/11/2005. The mechanism of injury was due to repetition of her customary job duties. The injured worker has a diagnoses of rotator cuff tear to the left shoulder, left shoulder labrum tear, left shoulder impingement syndrome, left shoulder adhesive capsulitis, and left shoulder AC joint arthritis. Past medical treatment consists of physical therapy, injections, chiropractic therapy, use of a TENS unit, and medication therapy. Medications include paroxetine, Lisinopril, metformin, nifedipine, and atorvastatin. MRI of the left shoulder dated 07/13/2014 revealed a moderate sized full thickness tear of the supraspinatus at the footplate insertion with retraction and mild atrophy. It also showed mild AC joint degenerative changes. X-rays done on 09/24/2014 revealed a type 2 acromion and moderate AC joint arthritis. On 09/24/2014 the injured worker complained of constant dull, shooting left shoulder pain. Physical examination noted that the pain was rated at an 8/10. Examination of the left shoulder revealed that there was no evidence of rotator cuff atrophy on visual examination. The injured worker was tender to palpation over the greater tuberosity in the area of the supraspinatus tendon. The injured worker's anterior joint capsule showed no tenderness to palpation. The injured worker had no tenderness to palpation along the long head of the biceps tendon. There was tenderness to palpation in the area of the upper trapezius, levator, and rhomboid muscle groups with spasm. The acromioclavicular joint was tender to palpation. Range of motion revealed extension of 50 degrees, flexion of 100 degrees, internal rotation of 45 degrees, external rotation to 45 degrees, abduction 90 degrees, and adduction at 50 degrees. Muscle strength was 5/5 on extension, flexion, internal rotation, external rotation and adduction. It was 4/5 on abduction. The injured worker was positive for Neer's impingement sign, and Hawkins impingement maneuver. Medical treatment plan is for

the injured worker to have access to a post-op cold compression unit for 2 weeks. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: post-op cold compression unit for 2 weeks: 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), The 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 Game Ready accelerated recovery system.

Decision rationale: The request for associated surgical service: Post-op cold compression unit for 2 weeks is not medically necessary. According to the Official Disability Guidelines, cold compression therapy (Game Ready Accelerated Recovery System) is not recommended in the shoulder, as there are no published studies. It may be an option for other body parts to include the knees. Game Ready device provides both active, continuous cold and intermittent, pneumatic compression to the post-operative joint. There has been an RCT under license 2008 to evaluate and compare clinical post-operative outcomes for patients using an active cooling and compression device and those using ice packs and elastic wrap after acromioplasty or arthroscopic rotator cuff repair, but the results are not available. The submitted documentation did not indicate that the injured worker was post-operative. Additionally, the Official Disability Guidelines do not recommend the use of cold compression units. As such, the request is not medically necessary.