

Case Number:	CM14-0046395		
Date Assigned:	07/02/2014	Date of Injury:	10/15/2009
Decision Date:	09/30/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/15/2014

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:

This is a case of a 49-year-old female who has submitted a claim for Carpal tunnel syndrome and Rotator cuff sprain associated with an injury date of 10/15/2009. Medical records from 2013 to 2014 were reviewed and showed that the patient has continues right shoulder pain as well as limited ROM. Patient has not had any relief since her last visit. Upon palpation there was crepitus noted and tenderness in the subacromial region. Neer's test and Hawkin's test were positive in the right shoulder. Strength test for supraspinatus muscles was abnormal. Ranges of motion for the right shoulder are as follows: extension 45, flexion, 140, and abduction 140. Treatment to date has included medications, physical therapy, cortisone injections, and TENS. Medications taken has included Vicodin and NSAIDS. The submitted medical records did not specify the specific NSAIDS used. Utilization review dated 04/02/2014 denied the request for ThermaCooler System hot/cold compression system rental because ODG does not support mainly the compression component of the device. ODG states, "Not recommended in the shoulder, as there are no published studies."

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative ThermaCooler system (hot and cold compresison system) x six week rental:
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 Official Disability Guidelines (ODG) Knee and Leg Chapter, Cryotherapy; Intermittent Compression Devices; Game Ready Unit Other Medical Treatment Guideline or Medical Evidence: Aetna Clinical Policy Bulletin: Cryoanalgesia and Therapeutic Cold.

Decision rationale: ODG states that "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." However, ODG states that "while there are studies on continuous-flow cryotherapy, there are no published high quality studies on the Game Ready device or any other combined system." There is no rationale identifying why a cryotherapy unit would be insufficient. There are no established risk factors for Deep Vein Thrombosis (DVT). In this case, the patient still complains of right shoulder pain as well as limited Range of Motion (ROM) and has not had any pain relief since her last visit. There was no discussion as to why standard ice bags/packs will be insufficient to provide symptomatic relief. The request likewise failed to specify the body part to be treated. The clinical indication for this request has not been clearly established. Therefore, the request for Post-operative ThermaCooler system (hot and cold compression system) x six week rental is not medically necessary.

Set up and delivery fee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The related request for ThermaCooler system (hot and cold compression system) has been deemed not medically necessary; therefore, all of the associated services, such as this request for set up and delivery fee is likewise not medically necessary.