

Case Number:	CM14-0096944		
Date Assigned:	07/28/2014	Date of Injury:	06/03/1998
Decision Date:	09/03/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/25/2014

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 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 60-year-old female lead tape duplication worker sustained an industrial injury on 6/3/98. The injury occurred when she went to sit down in an office chair and it rolled out from under her, causing her to fall. She sustained a left wrist fracture. She subsequently underwent left wrist surgeries in 2000 and 2002, right carpal tunnel release in 2002, right knee surgeries in 2005 and 2010, and left knee surgery in 2010. The 9/4/12 right shoulder MRI impression documented moderate grade partial tearing and delamination of the subscapularis, minimal early degenerative/arthritis changes of the osseous glenoid, labral degenerative, mild partial tearing/fraying of the biceps tendon, and small joint effusion with a small amount of fluid in the subacromial/subdeltoid bursa. The 5/23/14 treating physician report cited grade 3/10 right shoulder pain. Difficulty was reported with sleeping, activities of daily living, and overhead activity. She was taking Ultram and Motrin. Right shoulder exam documented flexion 120, abduction 80, and external rotation 40 degrees, with internal rotation to her buttocks. There was tenderness over the acromioclavicular joint. There was pain with cross-body adduction. There was supraspinatus weakness. External rotation strength was good. The patient had completed at least 12 visits of physical therapy without improvement. Surgery for rotator cuff repair and distal clavicle excision was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascultherm Cold Therapy Unit for Right Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.acoempracguides.org/shoulder>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Cold compression therapy, Continuous flow cryotherapy.

Decision rationale: The California MTUS guidelines are silent regarding cold compression therapy. Cryotherapy is recommended using standard cold packs. The Official Disability Guidelines do not recommend cold compression therapy for patients undergoing shoulder surgery. There is no evidence of improved clinical post-operative outcomes for patients using an active cooling and compression device over those using ice bags and elastic wrap after upper extremity surgery. There is no compelling reason in the records reviewed to support the medical necessity of a mechanical cold system over standard cold pack in the absence of demonstrated improved clinical efficacy. Therefore, this request is not medically necessary.