

Case Number:	CM14-0187282		
Date Assigned:	11/17/2014	Date of Injury:	02/12/2014
Decision Date:	01/06/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/10/2014

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 Family Medicine, and is licensed to practice in New Jersey. 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 51 year old female who was injured on the job on February 12, 2014. The worker had a Magnetic Resonance Imaging (MRI) test on September 25, 2014 of the left shoulder; impression is small, bursal sided tear, of the supraspinatus tendon at the footprint continuous with low grade interstitial tearing near the footprint on background tendinosis, moderate infraspinatus tendinosis with low grade interstitial tearing near the footprint, moderately hypertense on fluid sensitive images. The injured worker was treated with and failed conservative therapy treatment including physical therapy, medication and activity modification. On exam September 22, 2014 the injured worker was complaining of left shoulder pain. The exam revealed tenderness, positive impingement, decreased strength, and full range of motion. The injured worker underwent an ultrasound guided subacromial space injection of Depo-Medrol and Marcaine. The progress note of October 20, 2014, the surgeon requested approval for an arthroscopic rotator cuff repair for left shoulder impingement and partial rotator cuff tear. The surgeon requested a cryotherapy unit for post-operative care for heat therapy, muscle spasms, compression from swelling and cryotherapy for inflammation. No surgical report or post-operative note provided in the documentation submitted for review. On November 5, 2014 the UR denied a request for the purchase of a cryotherapy water circulator pad with pump. The request was modified for a seven day rental, due to the ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Water circ cold pad with pump: 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: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder section, Cold packs and Continuous-flow cryotherapy

Decision rationale: The MTUS Chronic Pain Guidelines do not address specifically a water circulating cold/heat pad with pump. The MTUS ACOEM Guidelines mention that at-home local applications of heat or cold for shoulder pain are as effective as those performed by therapists. The ODG also states that cold/heat packs applied at home are recommended as an option for acute shoulder pain for the first few days of acute complaints and thereafter as needed with either heat or cold as needed for acute exacerbations. The ODG also states that continuous-flow cryotherapy is recommended as an option after shoulder surgery up to 7 days, but not for nonsurgical treatment. In the case of this request for this worker for cryotherapy for an undisclosed duration of time and did not state whether it was for rental or purchase all of which would be required before consideration for approval. Approval for a 7-day rental would be appropriate, however, since the request was not specific enough, the water circulating cold pad with pump will be considered medically unnecessary.