

Case Number:	CM15-0011935		
Date Assigned:	01/29/2015	Date of Injury:	03/11/2013
Decision Date:	04/14/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/20/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery

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, male patient, who sustained an industrial injury on 03/11/2013. A primary treating office visit dated 12/11/2014, reported subjective complaint of intermittent moderate left shoulder pain with movement. The patient is status post left shoulder surgery, one year ago and since surgery, he feels mildly worse. In addition, he complains of neck pain with radiation to bilateral upper extremity. Previous treatment to include: medication, physical therapy, chiropractic therapy, acupuncture and injections with no long-term relief. Objective findings showed the cervical spine with tenderness to palpation about the paracervical and trapezial musculature. There is a positive cervical distraction test and spasms noted. There is restricted range of motion secondary to pain. The impression noted status post surgical repair of the supraspinatus tendon which demonstrates mild fraying along its articular surface; there is no partial or full thickness tendon tear or myotendinous retraction. No inhibition of contrast into the supraspinatus tendon; labrum is intact; no osseous or cartilage abnormalities and decreased fat within the rotator interval placing the patient at risk for chronic capsulitis. The following diagnoses are applied; work related slip & fall; cervical spine strain/sprain with radicular complaints; magnetic imaging evidence of disc protrusion at C6-7 and disc bulge at C5-6 and C4-5; left shoulder rotator cuff tendonitis/bursitis arthrogram evidence of tendinosis or interval rotator cuff tear with tendinitis of the supraspinatus tendon. A request was made for a month of cryotherapy treatment. On, 01/13/2015, Utilization Review, non-certified the request, noting the CA MTUS/ACOEM, Neck and Upper Back Complaints, Surgical Considerations, Cold

application was cited. On 01/13/2015, the injured worker submitted an application for independent medical review of requested services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative; Cryotherapy 1 month at 3-5 times per day: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Continuous Flow Cryotherapy.

Decision rationale: CA MTUS/ACOEM is silent on the issue of shoulder cryotherapy. According to ODG Shoulder Chapter, Continuous flow cryotherapy, it is recommended immediately postoperatively for upwards of 7 days. In this case the request exceeds the guidelines recommendation of 7 days. Therefore the determination is for non-certification.