

Case Number:	CM15-0017549		
Date Assigned:	02/05/2015	Date of Injury:	04/30/2014
Decision Date:	03/30/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	01/29/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 61 year old male, who sustained an industrial injury on 4/30/2014. On 1/29/15, the injured worker submitted an application for IMR for review of VT Cold Therapy with Intermittent Compression. The treating provider has reported the injured worker is status post arthroscopy, left shoulder SLAP repair (12/22/14) due to left shoulder. The diagnoses have included a MRI of left shoulder (8/19/14), SLAP tear of shoulder, osteoarthritis of acromioclavicular joint, inflammation around joint. Treatment to date has included status post arthroscopy, SLAP repair left shoulder (12/22/14). On 1/22/15 Utilization Review MODIFIED a VT Cold Therapy with Intermittent Compression to state "7 day rental generic cryotherapy unit". The ACOEM and ODG Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

VT Cold Therapy With Intermittent Compression: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Continuous Flow Cryotherapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cold/heat packs.(http://www.worklossdatainstitute.verioiponly.com/odgtwc/low_back.htm#SPECT)

Decision rationale: There is no evidence to support the need of cold therapy in this patient. There is not enough documentation relevant to the patient work injury to determine the medical necessity for cold therapy. There is no controlled studies supporting the use of hot/cold in shoulder pain beyond a short period of time after surgery. The provider have the document the timing and the duration of shoulder cold therapy. Cold therapy is not indicated for chronic pain. Therefore, the request for VT Cold Therapy with Intermittent Compression is not medically necessary.