

Case Number:	CM15-0121200		
Date Assigned:	07/01/2015	Date of Injury:	06/18/2009
Decision Date:	08/06/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/23/2015

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: Physical Medicine & Rehabilitation

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 50 year old male with an industrial injury dated 06/18/2009. The mechanism of injury is documented as pulling on a 600 pound barrel when he felt a sudden pain in his right shoulder. His diagnoses included left shoulder rotator cuff tear, left shoulder labral tear, left shoulder healing biceps, left shoulder pain and cervicgia with left index radiculopathy. Prior industrial injuries were to left shoulder and right shoulder. Prior treatment included medication, left shoulder surgery and physical therapy. The injured worker presents on 04/22/2015 with complaints of bilateral shoulder pain. He continued to complain of left shoulder pain. The provider documents MRI on 09/29/2014 demonstrated progressive recurrent cuff tear. The injured worker wished to proceed with left shoulder arthroscopic rotator cuff repair surgery. Physical exam noted pain with cervical spine flexion, extension and lateral bending. Right shoulder had well healed portals. There was some tenderness over the AC joint with an equivocal cross arm adduction test. There was popping in his joint and a positive lift off and positive drop arm test. O'Brien, Yeragson and Speeds test were also positive. Treatment plan included left shoulder arthroscopy with rotator cuff repair, Percocet for pain and Ambien for insomnia. On 05/13/2015 the provider requested GAME ready control unit, complete with wrap to reduce pain and swelling post-surgery. The treatment request is for one intermittent pneumatic compression cold therapy unit use (28 day GAME ready).

IMR ISSUES, DECISIONS AND RATIONALES

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

One intermittent pneumatic compression cold therapy unit use (28 days GAME ready):
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic), Cold compression therapy (2015).

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

Decision rationale: This patient is status post left shoulder surgery on 05/15/15 with some swelling and residual pain. The current request is for one intermittent pneumatic compression cold therapy unit use (28 days GAME ready). The request for authorization is dated 05/28/15. Prior treatments included medication, left shoulder surgery and physical therapy. The patient's work status is modified duty. The MTUS and ACOEM Guidelines are silent regarding this request. ODG-TWC, Shoulder Chapter under Continuous-flow cryotherapy states: "Recommended as an option after surgery but not for nonsurgical treatment. Postoperative use generally may be up to 7 days including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic use. However, the effectiveness on more frequently treated acute injuries has not been fully evaluated." According to progress report 05/20/15, the patient is status post left shoulder arthroscopy, glenohumeral synovectomy and bursectomy and rotator cuff repair on 05/18/15. Objective findings revealed clean incisions with no redness or heat, some swelling with no numbness and tingling. The patient continues to complain of pain, and has tried ice therapy with some relief. For post-operative use, the treater recommended medications, PT and a Game ready unit. ODG supports the use of Cold Therapy Unit for postoperative recovery. However, ODG recommends the duration of postoperative use to be 7 days. The current request is for 28 days which exceeds guideline recommendation. Therefore, the request IS NOT medically necessary.