

Case Number:	CM15-0146101		
Date Assigned:	08/06/2015	Date of Injury:	06/17/2012
Decision Date:	10/20/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/27/2015

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, Oregon, Washington
 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 57-year-old male, who sustained an industrial injury on June 17, 2012. A review of the medical records indicates that the injured worker is undergoing treatment for a labrum tear of the right shoulder with anterior instability. On June 23, 2015, the injured worker reported catching and pain in the shoulder particularly with and abduction and external rotation maneuvers. The Primary Treating Physician's report dated June 23, 2015, noted the injured worker's physical therapy had not been successful for him. The injured worker was noted to have a slightly positive instability test for anterior instability with a MRI showing a probable labrum tear. The Physician noted "As [REDACTED] has not responded to conservative measures of exercising, therapy, anti-inflammatory medications, etc. and the fact that he has had bad reactions to cortisone injections in the past, I feel he would be a good candidate at this time for arthroscopic evaluation of his right shoulder with a labrum repair". The Physician requested authorization for the surgery along with an assistant surgeon, twelve post op physical therapy sessions, cryotherapy, and an ultra sling. The Primary Treating Physician's request for authorization was noted to include the request for a right shoulder arthroscopic evaluation with labrum repair, assistant surgeon, post-operative physical therapy for 12 sessions, an ultra sling, and cryotherapy. The Utilization Review (UR) dated July 20, 2015, certified the request for a right shoulder arthroscopic evaluation with labrum repair, assistant surgeon, post-operative physical therapy for 12 sessions, and an ultra sling, and modified the request for cryotherapy to a cold therapy unit x seven (7)-day rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Cryotherapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: CA MTUS/ACOEM Guidelines are silent on the issue of cold compression therapy. According to the Official Disability Guidelines, cold compression therapy, it is not recommended in the shoulder, as there are no published studies. It may be an option for other body parts such as the knee although randomized controlled trials have yet to demonstrate efficacy. As the guidelines do not recommend the requested DME, the request is not medically necessary.