

Case Number:	CM15-0147431		
Date Assigned:	08/10/2015	Date of Injury:	02/01/2014
Decision Date:	11/03/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/29/2015

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: 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:

This is a 50 year old female who sustained a work-related injury on 2-1-14. Documentation from 2-23-15 revealed the injured worker had 90-95% full motion of the shoulder with stiffness in all directions. An evaluation on 5-18-15 indicated the injured worker was being treated for left shoulder capsulitis status post previous arthroscopy and subacromial decompression and biceps tenodesis on 6-6-14. She reported continued pain in the anterior part of the shoulder. She was undergoing work hardening with entire body conditioning but the therapist wanted to work primarily on the shoulder. She still had pain in the anterior shoulder. On physical examination, the injured worker had tenderness in the upper bicipital groove, not more distal where the tenodesis was performed. She had very mild loss of motion in all directions and pretty good strength. An x-ray of the shoulder revealed flat acromion with no calcification. She had a drill hole in the upper humerus consistent with previous tenodesis. A request for a cold therapy was received on 7-9-15. The request for cold therapy unit was modified to one cold therapy unit for a 7-day rental by the UR physician based on California Medical Treatment Utilization Schedule Post-surgical treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: 1 Cold therapy unit: 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), Low Back - Lumbar & Thoracic, Continuous-flow cryotherapy.

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 is silent on the issue of cold compression therapy. According to the ODG, 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 and the determination is for non-certification.