

Case Number:	CM15-0175075		
Date Assigned:	09/16/2015	Date of Injury:	02/12/2014
Decision Date:	10/21/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/04/2015

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: Arizona, Texas
 Certification(s)/Specialty: Internal 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 47 year old female who sustained an injury on 2-12-14. Diagnoses included left rotator cuff tear and shoulder pain. Prior treatments have included activity modification, injection, rest, ice, physical therapy and surgery. 5-11-14 left shoulder arthroscopic superior labral repair and mini-open rotator cuff repair was performed and she reinjured shoulder after lifting all day repetitively above shoulder height. Medications Lidoderm 5 % adhesive patch; Naproxen Sodium 550 mg 1 tablet every 12 hours as needed. MRI left shoulder (5-1-15) reveals small partial thickness articular sided tear of the supraspinatus tendon. 8-4-15 report indicates she is being seen for recheck on her shoulder and continues with an obvious adhesive capsulitis and some of the studies suggest a recurrent tear of the rotator cuff. The examination reveals her supraspinatus, infraspinatus and subscapularis are all working. She has pain, catching in the shoulder, recommended simple manipulation, and steroid injection followed by immediate physical therapy; and limited work. 8-20-15 prescription was written for pneumatic compression cold therapy unit x 21 days. She was in pre-operative evaluation; complete physical examination was performed and surgery was discussed in detail and physical therapy was started on the day of the procedure. Left shoulder surgery was requested for 8-26-15. Current requested treatments pneumatic compression cold therapy unit rental for 21 days. Utilization review 8-27-15 requested treatment modified to 7 days left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pneumatic Compression cold therapy unit rental for 21 days: 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).

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

Decision rationale: The MTUS is silent regarding cryotherapy after surgery, according to the ODG continuous-flow cryotherapy is 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 usage. The patient is planning on shoulder surgery. In this case, the patient has been prescribed cryotherapy for 21 days, which is longer than the recommended amount of time. Therefore, the request is not medically necessary.