

Case Number:	CM15-0063873		
Date Assigned:	04/09/2015	Date of Injury:	09/22/2012
Decision Date:	05/08/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/03/2015

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 60 year old female who sustained an industrial injury on 09/22/2012. Diagnoses include status post right shoulder arthroscopic rotator cuff repair and debridement on 08/04/2014, and status post right shoulder arthroscopic rotator cuff repair SAD and debridement on 03/02/2015. Treatment to date has included surgery, diagnostic studies, cortisone injections, physical therapy, and electric stimulation. A physician progress note dated 03/12/2015 documents the injured worker is 9 days post-operative recent right shoulder arthroscopy and has post-operative pain. Range of motion is limited consistent with recent surgery. Post-operative diagnoses include impingement syndrome with large acromial spur, rotator cuff tendinosis, inflammatory synovitis, large supraspinatus rotator cuff tear, small subscapularis rotator cuff tear and biceps tendinosis and tearing. Treatment requested is for extension of game ready unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extension of game ready 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), Knee & Leg Chapter.

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, pages 909-910.

Decision rationale: Per the provider's report of 3/12/15, the patient is s/p 9 days post-operative shoulder arthroscopy now with request for extension of the game ready unit. Regarding Cold therapy, guidelines state it is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. The request for authorization does not provide supporting documentation for purchase beyond the guidelines criteria. There is no documentation that establishes medical necessity or that what is requested is medically reasonable outside recommendations of the guidelines. The request for a Cold therapy System does not meet the requirements for medical necessity. MTUS Guidelines is silent on specific use of cold compression therapy with pad and wrap, but does recommend standard cold pack for post exercise. ODG Guidelines specifically addresses the short-term benefit of cryotherapy post surgery; however, limits the use for 7-day post-operative period as efficacy has not been proven after. There is no report of post-operative complications or co-morbidities to support the extension of the cold unit outside guidelines' criteria. The Extension of game ready unit is not medically necessary and appropriate.