

<b>Case Number:</b>	CM15-0075400		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	04/24/2007
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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: 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 67-year-old female, who sustained an industrial injury on April 24, 2007. She reported pain in the neck, low back pain, bilateral shoulder pain and bilateral upper and lower extremity radiating pain, numbness and tingling. The injured worker was diagnosed as having status post bilateral shoulder surgeries, right shoulder strain, impingement, tendinitis, bursitis and full thickness tendon tear. Treatment to date has included radiographic imaging, diagnostic studies, and surgical interventions of the shoulders, acupuncture, physical therapy, medications and work restrictions. Currently, the injured worker complains of continued pain in the neck, low back pain, bilateral shoulder pain and bilateral upper and lower extremity radiating pain, numbness and tingling. The injured worker reported an industrial injury in 2007, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on February 18, 2015, revealed continued pain as noted. Cold therapy and post-operative medical clearance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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), Shoulder, Continuous flow cryotherapy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) Continuous-flow cryotherapy, Cold compression therapy, Compression garments.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses physical modalities. American College of Occupational and Environmental Medicine (ACOEM) Chapter 9 Shoulder Complaints indicates that physical modalities are not supported by high-quality medical studies. Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) indicate that 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. Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) states that compression garments are not generally recommended in the shoulder. Cold compression therapy is not recommended in the shoulder, as there are no published studies. The patient is a 66-year-old female was injured on 04/24/07. The office visit dated 03/27/15 noted the patient had complaints of worsening pain and weakness in the right shoulder. The exam showed tenderness, positive impingement testing, positive cross arm test, and decreased range of motion. The plan was for right shoulder arthroscopy, physical therapy (PT), acupuncture and medications. Right shoulder arthroscopy was certified on 4/21/15. The request for a cold therapy unit does not have a time limitation on the use of the cold therapy unit. The request for a cold therapy unit does not specify the time period of use. Official Disability Guidelines does not support the use of a cold therapy unit for an undefined time period. Official Disability Guidelines (ODG) indicates that 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. Therefore, the request a cold therapy unit is not supported by ODG guidelines. Therefore, the request for a cold therapy unit is not medically necessary.

**Pre-operative medical clearance evaluation:** Overturned

**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, Preoperative testing, general.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 75. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 7 Independent Medical Examiner Page 127. Official Disability Guidelines (ODG) Pain (Chronic) Office visits. Institute for Clinical Systems Improvement (ICSI) Perioperative protocol. Health care protocol (2014) <http://www.guideline.gov/content.aspx?id=48408>.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses occupational physicians and other health professionals. American College of Occupational and Environmental

Medicine (ACOEM) 2nd Edition (2004) Chapter 5 Cornerstones of Disability Prevention and Management (Page 75) states that occupational physicians and other health professionals who treat work-related injuries and illness can make an important contribution to the appropriate management of work-related symptoms, illnesses, or injuries by managing disability and time lost from work as well as medical care. ACOEM Chapter 7 Independent Medical Examiner (Page 127) states that the health practitioner may refer to other specialists when the plan or course of care may benefit from additional expertise. The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, and therapeutic management, determination of medical stability, and permanent residual loss, or fitness for return to work. A consultant may act in an advisory capacity, or may take full responsibility for investigation and treatment of a patient. Official Disability Guidelines (ODG) indicates that office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. Institute for Clinical Systems Improvement (ICSI) perioperative protocol guideline recommends a comprehensive preoperative basic health assessment for all patients undergoing a diagnostic or therapeutic procedure. Preoperative assessment is expected before all surgical procedures. This assessment includes an appropriately directed and sufficiently comprehensive history and physical examination, and in some cases, properly includes laboratory and other testing to help direct management and assess surgical risk. Further evaluation may be as simple as asking a few more questions, performing further physical examination, or ordering a laboratory or radiological exam. More in-depth evaluations may be needed, such as a consultation or cardiac stress testing.

The patient is a 66-year-old female was injured on 04/24/07. The MRI dated 09/10/14 revealed a full thickness tear of the supraspinatus tendon with at least 2.2 cm of torn fiber retraction with proximal atrophy and free communication of contrast to the subacromial subdeltoid and subcoracoid bursa and supraspinatus tendinosis and high-grade articular surface tear anteriorly with fatty atrophy. The office visit dated 02/18/15 noted the patient with complaints of right shoulder pain with weakness, popping and difficulty with lifting. The exam showed tenderness, decreased range of motion, and weakness. The plan was for continued acupuncture and shoulder arthroscopy. The office visit dated 03/27/15 noted the patient had complaints of worsening pain and weakness in the right shoulder. The exam showed tenderness, positive impingement testing, positive cross arm test, and decreased range of motion. The plan was for right shoulder arthroscopy, physical therapy (PT), acupuncture and medications. Right shoulder arthroscopy was certified on 4/21/15. The primary treating physician's progress report dated 2/18/15 documented a history of hypertension, and a history of allergies to penicillin and codeine. The patient is 66 year old. The request for a pre-operative medical clearance evaluation is supported by clinical practice guidelines. Therefore, the request for a pre-operative medical clearance evaluation is medically necessary.