

Case Number:	CM15-0090307		
Date Assigned:	05/14/2015	Date of Injury:	06/20/2012
Decision Date:	06/23/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/11/2015

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: Family Practice

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 63 year old male, who sustained an industrial injury on 6/20/12. He has reported initial complaints of right shoulder injury at work. The mechanism of injury was not noted. The diagnoses have included adhesive capsulitis of the shoulder, other affections of the right shoulder region, acromioclavicular joint ligament sprain and cervical radiculopathy. Treatment to date has included medications, diagnostics, right shoulder surgery, activity modifications, Q-tech recovery system, and physical therapy. Currently, as per the physician progress note dated 4/2/15, the injured worker is for follow up for the right shoulder and he continues to have right sided neck pain. He is about two and a half months post-operative right shoulder arthroscopy with debridement of the glenohumeral joint and lysis of adhesions in the subacromial space. There has been no range of motion during therapy or strengthening. Overall, he reports that his motion has improved and the pain has improved but continues to report considerable pain in the right shoulder and right trapezius and neck. The physical exam of the right shoulder reveals active forward elevation to 120 degrees, external rotation is to 60 degrees, and internal rotation is to the buttock. There is tenderness to palpation over the acromioclavicular joint. The exam of the cervical spine reveals tenderness and spasm, tenderness to palpation throughout the right trapezius, rotation to the right is to 20 degrees and to the left is 70 degrees, and there is positive Spurling on the right. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the cervical spine dated 2/28/14 reveals disc bulge, mild bilateral hypertrophy, mild bilateral facet hypertrophy, moderate dural compression, moderate stenosis, and mild loss of disc height. Treatment plans are formal physical therapy and pain

management for possible epidural steroid injection (ESI). The physician requested treatment included Retrospective Cold Therapy recovery system for 21 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Cold Therapy recovery system, 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, Cold/Heat Packs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Continuous-flow cryotherapy.

Decision rationale: According to 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; however, the effect on more frequently treated acute injuries (eg, muscle strains and contusions) has not been fully evaluated. Utilization Review has modified to retrospectively allow for 7 day use of post operative cold therapy unit. The request for 21 days is not supported per evidence based guidelines. The request for Retrospective Cold Therapy recovery system, 21 days is not medically necessary and appropriate.