

Case Number:	CM15-0096135		
Date Assigned:	05/26/2015	Date of Injury:	12/01/2012
Decision Date:	06/24/2015	UR Denial Date:	04/18/2015
Priority:	Standard	Application Received:	05/19/2015

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: Emergency 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 56-year-old female who sustained an industrial injury on December 1, 2012. She has reported pain in the bilateral shoulders and has been diagnosed with status post right shoulder scope arthroscopic surgery with subacromial decompression, rotator cuff repair with recurrent rotator cuff tear/labral tear and left shoulder, overload pain. Treatment has included surgery, medical imaging, physical therapy, and medications. The injured worker complained of pain in the bilateral shoulders, right greater than left. On average, she rated her pain level a 5-6/10. She explained that pain and symptoms increase with cold temperature. She also complained of pain at the right deltoid region. On examination of the right shoulder range of motion showed forward flexion at 100 degrees, abduction at 95 degrees, extension at 10 degrees, internal rotation at 50 degrees, and external rotation was at 70 degrees. There were well-healed portals secondary to arthroscopic surgery. The treatment request included a shoulder sling with abduction pillow and a hot and cold unit for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot and Cold Unit for right shoulder: 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, 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, Shoulder, Continuous Flow Cryotherapy.

Decision rationale: The requested hot and cold unit for right shoulder is not medically necessary. CA MTUS is silent on this issue and Official Disability Guidelines, Shoulder, Continuous Flow Cryotherapy, recommends up to 7 days post-op cold therapy. In a post-operative setting, cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage. The injured worker has pain at the right deltoid region. On examination of the right shoulder range of motion showed forward flexion at 100 degrees, abduction at 95 degrees, extension at 10 degrees, internal rotation at 50 degrees, and external rotation was at 70 degrees. There were well healed portals secondary to arthroscopic surgery. The treating physician has not documented the medical necessity for cryotherapy beyond the recommended seven days of post-op use, nor the medical necessity for additional use of cold therapy when the injured worker reported increased pain with cold therapy. The criteria noted above not having been met, hot and cold unit for right shoulder is not medically necessary.