

Case Number:	CM13-0012133		
Date Assigned:	12/11/2013	Date of Injury:	08/09/2011
Decision Date:	01/28/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in , has a subspecialty in Physical Medicine & Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 physician 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/services.

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 patient is a 76-year-old female status post injury on 08/09/2011 due to a trip and fall. According to the case summary, the patient had tried physical therapy with minimal relief in the shoulder. The patient had two rotator cuff repairs to the right shoulder performed on 07/23/2012. The patient also underwent rotator cuff repair in 2009. On physical exam, the patient had a Kessel-type incision as well as multiple arthroscopy scars. There was spasm in the trapezius muscle. The patient had pseudoparalytic elevation to about 60 degrees. The patient had weakness on external rotator without a small lag. The patient could not do a normal belly press or lift off. The patient abduction was also weak. It was noted that there was a radiographs results which documented that the patient was subluxed anteriorly; the patient was high riding; the patient did have an acetabularization of the acromion and femoralization of the humeral head; the patient had multiple levels of minimal glenarthrosis, i.e., loss of disc space and hypertrophy of facets, C4-5, C5-6. There was no objective interpretation of the radiographs results attached in the medical report submitted. Magnetic resonance imaging (MRI) of the right shoulder dated 05/17/2013 interpreted by [REDACTED], documented supraspinatus tendon tear with muscle retraction; tenosynovitis of the biceps tendon; and effusion glenohumeral joint. Recommended treatment included latissimus transfer or reverse total arthroplasty. The patient was diagnosed with rotator cuff tear arthropathy of the right shoulder. A request for a cold therapy unit was modified on prior UR review to a 7 day rental. This issue is addressed again in this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

purchase of a 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder Complaints, Cold packs and continuous flow cryotherapy.

Decision rationale: The request for the purchase of a cold therapy unit is not medically necessary per guidelines. There is mention in the MTUS that at-home applications of heat or cold packs to aid exercises can be used. The ODG states 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. The request for purchase of a cold therapy unit therefore is not medically necessary.