

Case Number:	CM14-0024755		
Date Assigned:	06/16/2014	Date of Injury:	11/01/2007
Decision Date:	09/24/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/26/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in Pennsylvania. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 56-year-old female who sustained injuries to her neck and bilateral upper extremities in a work related accident on 11/01/07. The records provided for review specific to the claimant's right shoulder include a Utilization Review of 01/31/14 certifying right shoulder arthroscopy with capsular release and subacromial decompression. This review is for a request for four week use of a thermo cooler device in the postoperative setting.

IMR ISSUES, DECISIONS AND RATIONALES

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

THERMACOOLER X 4 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205, 555-556. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure - Continuous-flow cryotherapy 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 (e.g., muscle strains and contusions) has not been fully evaluated. Continuous-flow

cryotherapy units provide regulated temperatures through use of power to circulate ice water in the cooling packs. Complications related to cryotherapy (i.e., frostbite) are extremely rare but can be devastating. (Hubbard, 2004) (Osahr, 2002) (Singh, 2001) See the Knee Chapter for more information and references.

Decision rationale: Based on the California MTUS ACOEM Guidelines and supported by the Official Disability Guidelines, the request for use of a cryotherapy unit for four weeks cannot be supported. The ACOEM Guidelines recommend the application of cold for pain control. While cryotherapy devices can be utilized for control and pain and swelling following shoulder surgery according to the Official Disability Guidelines, they are only recommended for use for up to seven days including home use. The request for four weeks of use exceeds the recommended guidelines and therefore, cannot be recommended as medically necessary.