

Case Number:	CM14-0002920		
Date Assigned:	01/22/2014	Date of Injury:	04/27/2011
Decision Date:	10/05/2015	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/08/2014

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. 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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 49 year old female who reported an industrial injury on 4-27-2011. Her diagnoses, and or impression, were noted to include: right shoulder impingement syndrome with rotator cuff tear, tendinitis and joint arthritis; and right shoulder tendonopathy with degenerative hypertrophy of joint. Recent magnetic imaging studies of the right shoulder were noted on 10-21-2013. Her treatments were noted to include: electrodiagnostic studies; planned right shoulder surgery - noted to be delayed; right shoulder injection therapy (11-13-13); medication management; and rest from work. The progress notes of 11-13-2013 reported an emergency room visit, the previous evening, for a severe headache, with nausea , unrelieved by her Motrin; of intermittent pain in her neck; ongoing pain in her upper back which limited her movements; constant right shoulder pain with restricted and painful movement of her shoulder joint, which was aggravated by activity; new pain in her left shoulder from overcompensating; recurrent right elbow pain with overextending herself with use; constant right hand pain that increased with activity, and new left hand pain, with numbness and tingling, due to overuse; and feelings of stress with anxiety. Objective findings were noted to include: tenderness over the right shoulder, scapular and upper trapezius muscles, joints and tendons, that were with painful and limited range-of-motion and positive impingement, cross adduction and hyper-abduction tests; positive Phalen's test in the right wrist-hand, that was with decreased sensation; and tenderness in the thoracic spine. The physician's requests for treatments were noted to include the post-operative rental of a therma-cool 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:

SEVEN (7) DAY POST OPERATIVE RENTAL OF A THERMACOOL UNIT FOR THE RIGHT SHOULDER: Upheld

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

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

Decision rationale: The MTUS is silent on the use of cold therapy units. The ODG states 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. The available scientific literature is insufficient to document that the use of continuous-flow cooling systems (versus ice packs) is associated with a benefit beyond convenience and patient compliance (but these may be worthwhile benefits) in the outpatient setting." The request is not medically necessary.