

<b>Case Number:</b>	CM13-0029683		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	05/05/2009
<b>Decision Date:</b>	01/22/2014	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2013

### 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 Physical Medicine and Rehabilitation and is licensed to practice in New York and Texas. 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. 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 patient is a 33 year old female who reported an injury on 05/05/2009. The mechanism of injury was a fall. The most recent clinical note dated 09/19/2013 reported the patient had an arthroscopic shoulder surgery on 06/03/2013. The patient rated her pain as 5/10. The patient was taking Vicodin 5/500g 1-3 tablets per day depending on her pain, but states she continues to improve with time. The left shoulder examination revealed range motion is 0 to 170 degrees flexion, 0 to 170 degrees adduction, 0 to 80 degrees internal rotation, 0 to 140 degrees extension, 5-/5 strength in all quadrants, and skin is intact with no signs of infection. The patient was referred for another attempt at physical therapy which had previously been denied. The patient was to continue her home exercise program, and Vicodin for pain as previously ordered.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for rental of seven (7) post op cold therapy unit for the left 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) Shoulder, 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 (ODG) Shoulder, Continuous Flow Cryotherapy.

**Decision rationale:** The California MTUS/ ACOEM do not address cold therapy units. The Official Disability Guidelines recommend cold therapy for up to 7 days post-surgical, the effect on more frequently treated acute injuries (eg, muscle strains and contusions) has not been fully evaluated. The patient's surgery was on 06/03/2013. There is no information provided in the medical record to support the need for additional use of the cold therapy unit for left shoulder. The request as submitted does not detail the length of time the unit is requested for. Therefore the request for post cold therapy unit to left shoulder rental/day is not medically necessary, and as such is non-certified.

**The request for purchase of a post op cold therapy unit for the left 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) Shoulder, 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 (ODG) Shoulder, Continuous Flow Cryotherapy.

**Decision rationale:** The California MTUS and ACOEM do not address cold therapy units. The Official Disability Guidelines recommend cold therapy for up to 7 days post-surgical. The patient surgery was on 06/03/2013, which exceeds the recommended 7 days post-surgical suggested by Official Disability Guidelines. As the guidelines do not support the purchase of a post-op cold therapy unit, the request for cold therapy unit to left shoulder, purchase is non-certified.