

<b>Case Number:</b>	CM13-0032942		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	06/16/2012
<b>Decision Date:</b>	04/28/2014	<b>UR Denial Date:</b>	09/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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 claimant is a 54-year-old female who was injured in a work related accident on June 16, 2012. The request for this review pertains to a postoperative immobilizer and the purchase of a cryotherapy device for the claimant's left shoulder. The records provided for review revealed an operative report dated October 15, 2013 indicating the claimant underwent a left shoulder arthroscopy, subacromial decompression and a distal clavicle excision. The preoperative diagnosis was rotator cuff impingement. Review of operative report indicated that no rotator cuff pathology was identified at the time of intervention. The remainder of the medical records were not pertinent to the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME: PURCHASE OF A COLD THERAPY UNIT FOR THE LEFT 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) - Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure - continuous-flow cryotherapy.

**Decision rationale:** The MTUS and ACOEM Guidelines are silent. When looking at Official Disability Guidelines, the purchase of a cryotherapy device in this setting would not have been indicated. While ODG Guidelines recommend the use of cryotherapy post surgery for up to seven days including home use, the purchase of the device or use beyond a seven day period of time is not supported. The specific request in this case would thus not be indicated.

**DME: PURCHASE OF AN IMMOBILIZER FOR THE LEFT 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) - Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure - postoperative abduction pillow sling.

**Decision rationale:** The MTUS and ACOEM Guidelines are silent. When looking at Official Disability Guidelines, shoulder immobilization also would not have been indicated. ODG Guidelines recommend immobilization of the shoulder for large or massive rotator cuff tearing. The operative report in this case did not demonstrate significant rotator cuff pathology indicating the employee underwent a decompression and Mumford procedure. The employee's surgical process in and of itself would not have supported the need for shoulder immobilization. The specific request would thus not be indicated.