

<b>Case Number:</b>	CM13-0033718		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	05/21/2010
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	09/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2013

### 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 Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 patient is a 34-year-old female who reported an injury on 05/21/2010. The patient was reportedly injured when she was assaulted by an inmate. A request for authorization was submitted by [REDACTED] on 08/28/2013 for a thermacooling system following surgical decompression of the right brachial plexus. An operative report was then submitted on 09/16/2013 by [REDACTED], indicating the patient underwent external neurolysis of the right brachial plexus, internal neurolysis of the upper, middle and lower trunks of the right brachial plexus, decompression of the right subclavian artery, decompression of the suprascapular long thoracic at the C8 and T1 spinal nerves, and intraoperative use of electrical stimulation for identification of the nerves in the right supraclavicular area.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **THERMACOOLER SYSTEM RENTAL FOR SIX (6) WEEKS.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Procedure Summary, updated 6/12/2013 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 Chapter, Continuous Flow Cryotherapy

**Decision rationale:** Official Disability Guidelines state 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. While it is noted that the patient has undergone surgical decompression of the right brachial plexus, the current request for a 6 week rental exceeds guideline recommendations. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.