

<b>Case Number:</b>	CM13-0041464		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	08/27/2012
<b>Decision Date:</b>	04/04/2014	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/11/2013

### 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 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:

This is a 47-year-old female who injured her left shoulder in a work-related accident on 8/27/12. The clinical records documented that the claimant failed conservative care for the left shoulder. On 11/1/13 a diagnostic arthroscopy, subacromial decompression, loose body removal, osteoplasty, and biceps tenodesis was performed. Post-operatively, the claimant was recommended a Game Ready device for use for two weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Game ready ice machine rental x2 weeks:** 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) 2013 Online - Treatment of knee complaints - continuous cryotherapy device

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-- Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: knee procedure - Game Readyâ¿ accelerated recovery system

**Decision rationale:** CA MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, the request for a Game Ready therapy device cannot be recommended as

medically necessary. The ODG Guidelines do not support the use of the Game Ready or any combination therapy devices in the post-operative setting for shoulder or orthopedic joint procedures. The medical records do not support that this claimant would be an exception to the standard ODG recommendation. The specific request for the use of this post-operative device would not be indicated.