

<b>Case Number:</b>	CM13-0042573		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/10/2013
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### 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, has a subspecialty in Interventional Spine 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 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:

This is a 35 year-old male who was injured on 8/10/13 when he fell through the rafters in an attic and grabbed hold of a truss to keep from falling and ended up twisting his left shoulder. He was diagnosed with a large glenoid labral tear. According to the 9/23/13 orthopedic report from ■■■■■, the plan is for arthroscopic repair. On 10/10/13 UR apparently denied or modified the request for a cold therapy unit purchase. On 12/11/13 the patient underwent arthroscopic Bankart repair, left shoulder with acromioplasty and Mumford.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cold therapy purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**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 Section.

**Decision rationale:** The patient presents with left shoulder glenoid labrum tear and recommendations for surgery. The surgeon requested purchase of a cold therapy unit and UR has

modified or denied the request prior to the patient undergoing the surgical repair on 12/11/13. The Official Disability Guidelines, (ODG) state "Recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use." This is an option for use after the surgery for up to 7-days. There was no discussion of why the patient would require permanent use or purchase of the device for use over the 7-day period. The request for purchase of the cold-therapy unit does not appear to be consistent with the ODG recommendations.