

<b>Case Number:</b>	CM13-0044387		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/13/2011
<b>Decision Date:</b>	02/26/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 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 patient is a 52-year-old female who reported injury on 09/13/2011. The patient was noted to be attacked. The patient has undergone an arthroscopic repair of the rotator cuff in the left shoulder, with an open tenodesis of bicipital tendon on the left shoulder on 12/12/2013. The request, per the physician's documentation, is for a Game Ready ice machine for 7 to 10 days and an epidural steroid injection. The patient's diagnoses were noted to be left shoulder pain and rotator cuff tear, and shoulder pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ice pack machine (purchase or rental) .:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 173-174,203..

**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, Knee & Leg Chapter, Game Ready System.

**Decision rationale:** The Official Disability Guidelines recommend continuous-flow cryotherapy for 7 days, including home use and the Game Ready system was a continuous-flow cryotherapy system per Official Disability Guidelines. Clinical documentation submitted for review indicated

the request was for 7 to 10 days of a Game Ready ice machine. The patient was noted to undergo shoulder surgery on 12/12/2013. However, per the submitted request, the request was for an ice pack machine for purchase or rental and was not submitted for a game ready system. Given the above, and the lack of clarification, the request for an ice pack machine for purchase or rental is not medically necessary.

**C7-T1 epidural steroid injection (ESI): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection. Page(s): 46..

**Decision rationale:** The California MTUS guidelines recommend for an ESI that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The patient must also be initially unresponsive to conservative treatment. Clinical documentation submitted for review indicated, per the physician, that the patient had an MRI with disc degeneration at C5-6 with moderate to severe bilateral neural foraminal narrowing, degenerative joint disease, disc osteophyte complex causing mild to moderate flattening of the thecal sac, mild neural foraminal narrowing at C4-5, and mild narrowing of the neural foramen. However, the official read of the MRI was not provided for review. The patient was noted to have undergone electrodiagnostic studies, which revealed no evidence of cervical radiculopathy. The physical examination revealed the patient had positive facet loading maneuvers to the left side, with tenderness and pain at the posterior aspect of the neck muscles. However, there was lack of documentation indicating the patient had radiculopathy by objective examination as there was a lack of documentation indicating the patient had a positive Spurling's or Axial compression test. Given the above, the request for C7-T1 ESI is not medically necessary or appropriate at this time.