

<b>Case Number:</b>	CM13-0045445		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	08/05/2013
<b>Decision Date:</b>	03/27/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 Texas. 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 53-year-old male who reported an injury on 08/05/2013 after a fall from a ladder that reportedly caused injury to the patient's shoulder. The patient's treatment history included physical therapy and medications. The patient's most recent clinical evaluation documented that the patient had limited range of motion of the right shoulder, described as 140 degrees in flexion, 50 degrees in extension, 100 degrees in abduction, 50 degrees in adduction, and 60 degrees in internal and external rotation with a positive impingement sign. It was noted within the documentation that the patient had undergone an MRI that demonstrated a full thickness tear measuring one (1) cm. Surgical intervention was recommended with postsurgical treatment to include a cold therapy unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) cold therapy unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic)

**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:** The Official Disability Guidelines recommend the use of a continuous flow cryotherapy for up to seven (7) days in the management of a patient's postsurgical pain. The clinical documentation submitted for review does indicate that the patient is a surgical candidate. However, the request does not clearly identify duration of treatment. As Official Disability Guidelines only recommend treatment for up to seven (7) days, extension of treatment would need to be supported. The clinical documentation does not provide any exceptional factors to support extending treatment beyond guideline recommendations. As such, the prospective request for one (1) cold therapy unit is not medically necessary or appropriate.