

<b>Case Number:</b>	CM13-0053565		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/08/2013
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	10/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2013

### 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 Nevada. 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 injured worker is a 50-year-old female who was reportedly injured on April 8, 2013. The mechanism of injury was stated as having a patient fall on her. The most recent progress note, dated May 23, 2014, indicated that there were ongoing complaints of right shoulder pain and neck pain radiating to the right arm. Current medications include Norco, omeprazole and Anaprox. The physical examination demonstrated limited range of motion of the cervical spine and right shoulder. There was tenderness over the cervical spine paravertebral muscles as well as the trapezius and deltoid. Examination of the right shoulder noted a positive Neer's and Hawkins test. There were tenderness at the acromioclavicular joint and mild tenderness at the bicipital groove. There was a normal upper extremity neurological examination. Diagnostic imaging studies objectified moderate acromioclavicular joint arthritis and downsloping acromion. Pain management and a cervical spine magnetic resonance image were recommended. No surgery was recommended for the right shoulder. Previous treatment included 10 visits of physical therapy. A request had been made for cryotherapy and was not certified in the pre-authorization process on October 11, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CRYOTHERAPY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (updated 06/12/2014) 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, Continuous flow cryotherapy, updated April 25, 2014.

**Decision rationale:** There was no approved scheduled surgery for the right shoulder noted in the medical record, and the most recent progress note, dated May 23, 2014, stated that surgery was not recommended for the right shoulder. Without a right shoulder surgery, this request for a Cryotherapy Unit is not medically necessary.