

<b>Case Number:</b>	CM13-0057048		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/11/2010
<b>Decision Date:</b>	04/10/2014	<b>UR Denial Date:</b>	11/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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:

The patient is a 39 year old female with date of injury 2/11/10. The treating physician operative report is dated 10/9/13 and indicates left shoulder manipulation and steroid injection with arthroscopy and labral debridement. The current diagnoses are: 1. Recurrent biceps labral complex tear with adhesive capsulitis of the left shoulder. The utilization review report dated 11/8/13 denied the request for Cold Therapy Unit (CTU) rental 21 days and purchase of CTU wrap based on the rationale that a 7 day rental was previously authorized and there was no documentation to support further usage of CTU.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **COLD THERAPY UNIT RENTAL X 21 DAYS AND PURCHASE OF CTU WRAP:**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**Decision rationale:** The patient presents with left shoulder pain following left shoulder surgery with manipulation and steroid injection with arthroscopy and labral debridement on 10/9/13. The medical records provided for review did not include a prescription, RFA or a report discussing the request for the usage of a Cold Therapy Unit (CTU). Review of the 6 day post-operative note stated "Range of motion is full and speed and apprehension tests are negative. Her examination is great and she is doing beautifully and all sutures have been removed. She will probably need to continue her physical therapy for the next month, 3 x week." The Official Disability Guidelines (ODG) state that continuous flow cryotherapy is recommended as an option following shoulder surgery for up to 7 days. In this case, the request is for 21 days which exceeds what is allowed by the ODG. The request is not medically necessary and appropriate.