

<b>Case Number:</b>	CM13-0057444		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/25/2013
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	10/31/2013
<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 & 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 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 reported an injury on 06/25/2013. The injury reportedly occurred when the injured worker had rebar fall on his left shoulder with the shoulder up in the overhead position. The injured worker sustained a sudden onset of pain in his left shoulder which was quite severe. The injured worker's diagnosis includes a left shoulder full-thickness rotator cuff tear, a left shoulder impingement, and left AC joint arthrosis. On 12/17/2013, he reported persistent symptoms in his left shoulder the pain was described as dull and throbbing which increased with overhead activities. On examination of the left shoulder, there was tenderness to palpation of the anterior cuff. His range of motion of the left shoulder was flexion 160 degrees, extension 40 degrees, abduction 160 degrees, adduction 40 degrees, and internal and external rotation was 60 degrees. The injured worker complained of pain with range of motion in all directions. The injured worker also had a positive impingement sign and Hawkins sign. His rotator cuff strength was 3+/5. The physician's recommendation was for arthroscopic surgery, subacromial decompression, and repair of the left rotator cuff. The request was for a cold therapy unit; however, the date and the rationale were not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**THE REQUEST FOR COLD THERAPY UNIT:** 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, 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, Shoulder, Continuous-Flow Cryotherapy

**Decision rationale:** The injured worker did have complaints of left shoulder pain due to a work-related incident in which rebar fell on his left shoulder. On exam the pain was rated at 5/10 and the injured worker noted overhead activities, pushing, and pulling or lifting increased the pain while resting and medication did improve the pain. On 12/17/2013, the physician did recommend arthroscopic surgery, subacromial decompression, and rotator cuff repair. Continuous-flow cryotherapy is recommended by Official Disability Guidelines as an option after surgery, but not for non-surgical treatment. Postoperatively, the cryotherapy can generally be used for up to 7 days, including home use. Postoperatively, cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotics usage. The documentation provided did not show the injured worker had undergone the recommended arthroscopic surgery to repair the left shoulder rotator cuff tear. Also, the request as submitted failed to provide information as to whether it was a purchase or a rental and if a rental how long it was being requested for. Therefore, the request is not medically necessary.