

<b>Case Number:</b>	CM13-0069314		
<b>Date Assigned:</b>	04/02/2014	<b>Date of Injury:</b>	10/15/2006
<b>Decision Date:</b>	05/27/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### 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 Orthopedic Surgery, 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 claimant is a 59-year-old gentleman who was injured in a work related accident on 10/15/06. There is documentation of a left shoulder injury for which on 12/10/13 certification for a left shoulder arthroscopy with subacromial decompression and rotator cuff repair was recommended. In regard to specifics of this surgical process that has been approved, there is a postoperative request for purchase of a cryotherapy device. Further clinical records are not supportive of the clinical request in this instance. The request for the purchase of a cryotherapy device is noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**COLD THERAPY UNIT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205.

**Decision rationale:** The California MTUS guidelines recommend home, local application of cold during the first few days of acute complaint; thereafter, then heat application. The cryotherapy is not recommended as medically necessary over the use of ice bag application.