

<b>Case Number:</b>	CM14-0003819		
<b>Date Assigned:</b>	01/17/2014	<b>Date of Injury:</b>	01/24/2013
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	12/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 claimant is a 36-year-old gentleman who sustained an injury on 01/24/13. The clinical records provided for review document left shoulder pain for which the claimant is scheduled to undergo an arthroscopic labral repair. The claimant has been prescribed a cryotherapy device. There is no timeframe specified for the request. The surgical process in this case has been supported. This is a postoperative request for a cryotherapy device for a non-specified period of time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cryotherapy post operative cold therapy unit, 7-day rental:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment Index, 11th edition (web), 2013, Shoulder Chapter, Continuous-flow cryotherapy

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205, 555-556. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp; 18th Edition; 2013 Updates; Chapter Shoulder; continuous-flow cryotherapy. Recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In the

postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequent

**Decision rationale:** The ACOEM Guidelines support the use of ice packs for control of pain and swelling. The Official Disability Guidelines recommend the use of continuous flow cryotherapy in the postoperative setting for up to seven days including home use. In this case, the timeframe for use is not specific. This information would be necessary since the Official Disability Guidelines only recommend its use for seven days postoperatively. Based on the lack of documentation of timeframe for the postoperative device, the request in this case would not be supported as necessary.