

<b>Case Number:</b>	CM14-0003936		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	07/07/2013
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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 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 an employee of [REDACTED] and has submitted a request for supraspinatus sprain associated with an industrial injury date of July 7, 2013. Treatment to date has included ice, NSAIDs, opioids, physical therapy, and right shoulder arthroscopy (12/19/13). Medical records from 2013 were reviewed. Patient complained of chronic diffuse right shoulder pain with radiation to the side of the neck. Physical examination of the bilateral shoulder showed no tenderness on subdeltoid bursa and bicipital tendon, flexion of 180 degrees, extension of 40 degrees, abduction of 180 degrees, internal rotation of 80 degrees, and external rotation of 90 degrees. Utilization review from December 20, 2013 modified the request for Thermacare 21 day rental and pad purchase to right shoulder to 7 day rental of a simple cryotherapy unit with no heat therapy component. Reason for modification was not clearly stated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**THERMACARE 2, 21 DAY RENTAL WITH PURCHASE OF THE PAD:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, and 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 Chapter, and Continuous Flow Cryotherapy.

**Decision rationale:** The CA MTUS does not address this issue specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG), Shoulder chapter, continuous flow cryotherapy was used instead. The Official Disability Guidelines state that continuous flow cryotherapy is 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. In this case, right shoulder arthroscopy was done last December 20, 2013. Thermacare may be necessary to limit inflammation post-operatively, however, the requested duration of use exceeded the guideline recommendation of 7 days. There is no discussion concerning the need for variance from the guidelines. Therefore, the request for Thermacare 2, 21 day rental with purchase of the pad is not medically necessary.