

<b>Case Number:</b>	CM14-0008471		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	04/06/2005
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	12/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 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 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 has an industrial injury on 4/6/05. The claimant reports of neck radiating into upper extremity and low back radiation into lower extremity. The diagnosis includes left shoulder rotator cuff injury and lumbosacral discopathy. The claimant status post left shoulder arthroscopy with subacromial bursectomy and chondroplasty with rotator cuff repair 3/21/07.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME: Q-TECH COLD THERAPY 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 (ODG), Knee and Leg.

**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, Continuous flow cryotherapy.

**Decision rationale:** The CA MTUS/ACOEM is silent on the issue of shoulder cryotherapy. According to the Official Disability Guidelines (ODG), continuous flow cryotherapy is recommended immediately postoperatively for upwards of 7 days. In this case, the request is for

cryotherapy several years after the shoulder surgery in 2007. Therefore, the request is not medically necessary and appropriate.

**DME: UNIVERSAL THERAPY 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 (ODG), Knee and Leg.

**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, Continuous flow cryotherapy

**Decision rationale:** The CA MTUS/ACOEM is silent on the issue of shoulder cryotherapy. According to the Official Disability Guidelines (ODG), continuous flow cryotherapy is recommended immediately postoperatively for upwards of 7 days. In this case, the request is for cryotherapy several years after the shoulder surgery in 2007. Therefore, the request is not medically necessary and appropriate.

**DME: FULL LEG WRAP TIMES 14 DAYS, 6-8 HOURS AS NEEDED:** 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), Knee and Leg.

**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, Continuous flow cryotherapy

**Decision rationale:** The CA MTUS/ACOEM is silent on the issue of continuous flow cryotherapy and wraps for the knee. According to the Official Disability Guidelines (ODG), continuous flow cryotherapy is recommended immediately postoperatively for upwards of 7 days. In this case there is no evidence in the records of a recent postoperative knee condition to warrant the requested leg wrap. Therefore, the request is not certified.