

<b>Case Number:</b>	CM14-0009968		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	08/22/2013
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/24/2014

### 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:

This is a 49-year-old gentleman sustained a left shoulder injury in a work-related accident on 8/22/13. Following a course of conservative care, surgery was recommended in the form of a left shoulder arthroscopy, debridement, rotator cuff repair, subacromial decompression, and distal clavicle excision. Specific to the above-mentioned surgery, a cryotherapy unit for a nonspecified period of time is being recommended for post-operative use. This request is for a cold therapy unit for the left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**COLD THERAPY UNIT LEFT SHOULDER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205, 555-556. Decision based on Non-MTUS Citation (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure - Continuous-flow cryotherapy.

**Decision rationale:** The California ACOEM Guidelines supported by Official Disability Guidelines do not support a cryotherapy unit in this case. The time frame for use has not been specified. While ACOEM Guidelines recommend the use of topical cold therapy, cryotherapy

devices are typically not recommended beyond seven days in the post-surgical setting. The lack of documentation for the time frame for use in this case would fail to support the acute need of the cold therapy unit as requested.