

<b>Case Number:</b>	CM14-0010720		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	11/01/2012
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	01/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 Maryland. 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 injured worker is a 62 year old female whose date of injury is 11/01/2012. The mechanism of injury is described as repetitive work duties. Note dated 01/20/14 indicates the injured worker is four to five months out from left shoulder arthroscopy performed on 08/29/13 with rotator cuff repair and labral reconstruction. She continues to be very stiff. The injured has worked with physical therapy and is doing home exercises. On physical examination, she can abduct passively through about 85 degrees, forward flex to about 115 degrees, and external and internal rotation are limited to approximately 25 degrees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Q-TECH RECOVERY SYSTEM 35 DAY RENTAL FOR LEFT SHOULDER:** 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.

**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:** Based on the clinical information provided, the request for Q-tech recovery system 35 day rental for left shoulder is not recommended as medically necessary. The submitted records indicate the injured worker underwent left shoulder arthroscopy in August 2013 and was previously authorized for seven day rental of cryotherapy unit. The Official Disability Guidelines support these units for up to seven days postoperatively, but not for nonsurgical treatment. This request is in excess of guideline recommendations and is, therefore, not medically necessary.