

<b>Case Number:</b>	CM14-0012912		
<b>Date Assigned:</b>	02/24/2014	<b>Date of Injury:</b>	10/09/1995
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	12/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/31/2014

### 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 Occupational Medicine 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 a 62-year-old female who has submitted a claim for right shoulder joint pain and right rotator cuff tear status post right rotator cuff repair associated with an industrial injury date of 10/09/1995. Medical records from 12/22/1999 to 12/06/2013 were reviewed and showed that patient complained of constant severe, right shoulder pain graded 5/10 with no associated numbness or radiation. Physical examination of the right shoulder revealed normal passive ROM and limited active ROM with shoulder flexion. MRI of the right shoulder dated 07/11/2013 revealed prominent full thickness rotator cuff tears of the infraspinatus and supraspinatus tendon, mild to moderate osteoarthritic changes at right glenohumeral joint, and moderate to large-sized effusion at glenohumeral joint. Treatment to date has included open rotator cuff repair (date not specified), rotator cuff repair with biceps tenotomy and subacromial decompression, debridement of glenohumeral joint synovectomy, Mumford (02/08/2013), physical therapy, home exercise program, and pain medications. Utilization review, dated 12/27/2013, denied the request for cold therapy rental for 30 days to cold therapy rental for 7 days. However, the rationale was not attached with the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**COLD THERAPY RENTAL FOR 30 DAYS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS 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, Cold Compression Therapy Other Medical Treatment Guideline or Medical Evidence: Aetna Clinical Policy Bulletin: Cryoanalgesia and Therapeutic Cold.

**Decision rationale:** The Official Disability Guidelines (ODG) state that Cold compression therapy is not recommended in the shoulder, as there are no published studies. The Aetna Clinical Policy Bulletin considers passive cold compression therapy units experimental and investigational for all other indications because their effectiveness for indications has not been established. The use of hot/ice machines and similar devices are experimental and investigational for reducing pain and swelling after surgery or injury. Studies failed to show that these devices offer any benefit over standard cryotherapy with ice bags/packs. In this case, the patient had rotator cuff repair on 02/08/2013. There was no discussion as to why standard ice bags/packs will not suffice. Moreover, guidelines only recommend cold therapy for up to 7 days. The specific body part to be treated was likewise not specified. Therefore, the request for cold therapy rental for 30 days is not medically necessary and appropriate.