

<b>Case Number:</b>	CM14-0131209		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	09/20/2010
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2014

### 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:

There were 128 pages provided for review. The request for independent medical review signed on August 15, 2014. The request is for durable medical equipment cold therapy unit. Per the records provided, he hurt the right shoulder on September 20, 2010 carrying a bucket. The note from August 4, 2014 indicates that he has right shoulder pain. Impingement signs are positive. External rotation is weak. Motor and sensory exams are grossly symmetrical. Muscle atrophy is not reported. Reflexes are not reported. There was a note from [REDACTED]. The patient has constant pain in the right shoulder. He would rate his pain as nine out of 10. Motor and sensory exam was grossly symmetric. The diagnoses were right shoulder impingement, right shoulder tendinitis, right shoulder pain, right elbow pain, right elbow tendinitis, and thoracic spine pain. He has a type III acromion and he has developed atrophy of his tendon. The doctor was requesting surgery. They are waiting to inject the patient as it will provide only temporary relief and not treat his ongoing impingement. Medicines include glipizide, losartan and metformin. The wrist x-ray was completely normal and the shoulder x-ray was normal. The thoracic spine showed degenerative disease. The cervical spine was normal. There was a March 18, 2014 MRI of the shoulder on the right. There was a partial tear or tendinosis is tendinosis involving the supraspinatus tendon. There were degenerative changes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME Cold Therapy Unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48.

**Decision rationale:** This durable medical equipment item is a device to administer regulated heat and cold. However, the MTUS/ACOEM guides note that physicians can use passive modalities such as application of heat and cold for temporary amelioration of symptoms and to facilitate mobilization and graded exercise. They are most effective when the patient uses them at home several times a day'. Elaborate equipment is simply not needed to administer heat and cold modalities; the guides note it is something a claimant can do at home with simple home hot and cold packs made at home, without the need for such equipment. As such, this DME would be superfluous and not necessary, and not in accordance with MTUS/ACOEM. The request was appropriately non-certified.