

<b>Case Number:</b>	CM14-0133042		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	12/05/2011
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and Nevada. 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 56 year old female who sustained an injury to her left shoulder on 12/05/11 due to cumulative trauma while performing her usual and customary duties as a tax technician. The injured worker worked at a call center requiring access to files and processing work on a personal computer 8 hours a day. It was noted that the injury occurred from overextending her arms due to the work station not being adjusted correctly. Basically, her arms had no support and she would have to work with her arms extended. The injured worker continued to complain of left shoulder pain. Magnetic resonance image of the left shoulder dated 05/07/14 revealed marked supraspinatus tendinosis with multiple partial thickness tears of the distal tendon; no full thickness tears; degenerative changes of the acromioclavicular joint which resulted in impingement; small fluid in the subacromial/subdeltoid bursa; superior labral tear. Physical examination noted left shoulder range of motion abduction 135/45 degrees; painful to elevate; adduction 45 degrees active, passive 90 degrees; flexion 145/90 degrees, extension 50/20 degrees, adduction 40/30 degrees, external rotation 90/70 degrees, internal rotation 80/0 degrees; the injured worker had 1 steroid injection that provided no benefit; left shoulder has positive empty can sign; reach behind to L2. A request was made for a surgical intervention on 08/04/14. The shoulder surgery was approved; however, the request for postoperative durable medical equipment: cold therapy unit was not certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post Operative DME : Cold Therapy Unit: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Treatment Workers Compensation (TWC)

**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 request for post-operative durable medical equipment-cold therapy unit is not medically necessary. The previous request was partially certified for 7 days. The Official Disability Guidelines state that continuous flow cryotherapy is recommended as an option after surgery, but not for non-surgical treatment. Postoperative use generally may be up to 7 days, including home use. After reviewing the submitted clinical documentation, there was no additional significant objective clinical information provided that would support reversing the previous adverse determination. Given this, the request for post-operative durable medical equipment-cold therapy unit is not indicated as medically necessary.