

<b>Case Number:</b>	CM14-0162850		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	11/07/2012
<b>Decision Date:</b>	11/26/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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:

56-year-old male claimant with an industrial injury dated 11/07/12. Exam note 08/27/14 states the patient's chief complaint remains right shoulder pain. Current medications include Tramadol, and Welbutrin. Upon physical exam the patient had stiffness in the neurologic joints with decreased range of motion and instability. Exam note 09/08/14 states the patient returns with right shoulder pain. Upon physical exam there was mild swelling. The incisions appeared clean and dry. Diagnosis is noted as adhesive capsulitis of the shoulder. Treatment includes a right shoulder arthroscopy with decompression and possible repair of a torn rotator cuff, physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cold Therapy Recovery System with wrap (right shoulder): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 11th Edition (web), 2014, SShoulder Continuous-flow cryotherapy

**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:** CA MTUS/ACOEM is silent on the issue of shoulder cryotherapy. According to ODG Shoulder Chapter, Continuous flow cryotherapy, it is recommended immediately postoperatively for upwards of 7 days. In this case there is no specification of length of time requested postoperatively for the cryotherapy unit. Therefore the determination is for non-certification.