

<b>Case Number:</b>	CM14-0041064		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	02/28/2010
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2014

### 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 Physical Medicine and Rehabilitation, and is licensed to practice in 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 records, presented for review, indicate that this 40-year-old female was reportedly injured on February 20, 2010. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated January 7, 2014, indicated that there were ongoing complaints of shoulder pain. The physical examination demonstrated tenderness to palpation. Diagnostic imaging studies objectified a tendonitis of the supraspinatus, and infraspinatus muscles. Previous treatment included shoulder arthroscopy. A request had been made for a pump for water circulating pad and was not certified in the pre-authorization process on March 13, 2014. It was noted that the request was modified to an appropriate 7 day a postoperative rental.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Heat cold water circulating pad for the right shoulder with retrospective dates of 1/22/14 to 1/29/14:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 12th Edition (Web), 2014, Shoulder Chapter, Continuous-flow cryotherapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) shoulder disorders, cryo therapies (electronically sited).

**Decision rationale:** When noting the parameters identified in the ACOEM guidelines, this is recommended for a 7 day trial after shoulder surgery. There is a clear indication that this is not indicated for indefinite use. Therefore, based on the limited clinical information presented for review and guideline recommendations, this request is not medically necessary.