

<b>Case Number:</b>	CM14-0043418		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	11/18/2013
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2014

### 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 injured worker is a 51 year-old gentleman who was reportedly injured on November 18, 2013. The mechanism of injury is not listed in the records reviewed. The most recent progress note dated April 11, 2014, indicates that there are ongoing complaints of right shoulder pain. The physical examination demonstrated recent postoperative changes in this 5'4", 147 pound individual. A decrease in right shoulder strain (3/5) is reported. The surgical portals are well-healed. Diagnostic imaging studies objectified a full thickness tear of the distal supraspinatus. Previous treatment includes surgical intervention. A request was made for a motorized cold unit and was not certified in the pre-authorization process on March 4, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Motorized Cold Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (updated 01/20/14) Continuous-flow cryotherapy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**Decision rationale:** The records reviewed noted that a request for a seven day trial of this type of device was certified. There is no specifics associated with the request noted above. The

American College of Occupational and Environmental Medicine Guidelines do allow for a short course of cold therapy (7 days) after the surgical intervention. In as much as this has been certified, there is no noted medical necessity for additional cold therapy.