

<b>Case Number:</b>	CM14-0069486		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	09/30/2013
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	05/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2014

### 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, has a subspecialty in Interventional Spine 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:

The patient is a 29-year-old female with date of injury of 09/30/2013. The listed diagnoses per [REDACTED] dated 04/09/2014 are: right shoulder sprain/strain, rule out rotator cuff tear, left shoulder overuse syndrome, sprain/strain, cervical sprain/strain, anxiety and depression, insomnia, bilateral elbow sprain/strain, right shoulder arthroscopy, 04/25/2014. According to this report, the patient is status post right shoulder surgery from 04/25/2014. The patient reports severe pain. She cannot sleep on it or lift her arm. She has severe neck pain from the shoulder and moderate left shoulder pain. She is not in therapy. The physical exam shows limited range of motion in her neck. She rates her shoulder pain 3/10 to 4/10 on the right and 2/10 to 4/10 on the left. Shoulder range of motion is diminished bilaterally. The utilization review denied the request on 05/05/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Q-Tech Recovery System:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines has the following regarding continuous-flow cryotherapy under shoulder: Recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries (eg, muscle strains and contusions) has not been fully evaluated. Continuous-flow cryotherapy units provide regulated temperatures through use of power to circulate ice water in the cooling packs. Complications related to cryotherapy (i.e., frostbite) are extremely rare but can be devastating.

**Decision rationale:** This patient presents with bilateral shoulder pain. The treater is requesting a Q-Tech recovery system. The MTUS and ACOEM Guidelines are silent with regards to this request; however, ODG on continuous-flow cryotherapy states that it is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage. The patient underwent a right shoulder arthroscopic surgery on 04/25/2013. While ODG recommends the use of continuous-flow cryotherapy following surgery the treater failed to specify the duration of the request. Recommendation is for denial.