

<b>Case Number:</b>	CM14-0082270		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	04/25/2013
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2014

### 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 Occupational Medicine 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 52-year-old female who has submitted a claim for s/p left shoulder surgery, cervical pain with upper extremity symptoms, associated with an industrial injury date of April 25, 2013. Medical records from 2014 were reviewed. The latest progress report, dated 04/30/2014, showed cervical pain with right upper extremity symptoms. The pain was 6/10. Physical examination revealed tenderness of the left shoulder. Range of motion was restricted. There was no acute distress or signs of infection. Treatment to date has included left shoulder arthroscopy (04/07/2014), TENS and medications. Utilization review from 05/20/2014 denied the request for DME hot/cold unit with wrap because the available clinical information did not support that the request was medically reasonable and necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME Hot/Cold unit with wrap:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Aetna Clinical Policy Bulletin: Cryoanalgesia and Therapeutic Cold.

**Decision rationale:** The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Aetna Clinical Policy Bulletin was used instead. The Aetna Clinical Policy Bulletin considers passive cold compression therapy units experimental and investigational for all other indications because their effectiveness for indications has not been established. The use of hot/ice machines and similar devices are experimental and investigational for reducing pain and swelling after surgery or injury. Studies failed to show that these devices offer any benefit over standard cryotherapy with ice bags/packs. In this case, it is unclear as to why standard ice bags/packs application will not suffice for pain relief. There is no discussion concerning need for variance from the guidelines. Therefore, the request for DME Hot/Cold unit with wrap is not medically necessary.