

<b>Case Number:</b>	CM14-0085730		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	06/29/2011
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	05/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 67-year-old individual was reportedly injured on June 29, 2011. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated May 7, 2014, indicated that there were ongoing complaints of shoulder pain. The physical examination demonstrated a 5'11", 185 pound individual who was hypertensive (159/103). There was some atrophy of the deltoid with noted tenderness of the acromioclavicular joint and tenderness over the bicipital groove. A marked reduction in shoulder range of motion was reported. There is weakness to internal and external rotation. Diagnostic imaging studies objectified bone on bone degenerative changes. MRI noted a rotator cuff to be intact. Previous treatment included rotator cuff repair (prior to date of injury) multiple other surgeries, physical therapy and narcotic medications. A request had been made for preoperative clearance and cold therapy and was not certified in the pre-authorization process on May 19, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cold therapy 12 day rental, per report dates 5/7/2014, quantity 14.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Shoulder, cold compression therapy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**Decision rationale:** There was clinical indication for the shoulder surgery. Postoperatively, a cold therapy unit can be endorsed up to 7 days. The records reflect that a partial approval of the 7 day rental was endorsed. There was no clinical indication presented or medical necessity determined for a 12 day rental. Therefore, the request is not medically necessary.

**Pre-operative PCP.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/2542067>.

**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: Drugs and Behavior, 4th Edition, McKim, William A., ISBN 0-13-083146-8.

**Decision rationale:** This is a pre-anesthetic medication and is administered by the anesthesiologist. There was no medical necessity presented that this would be required preoperatively. As such, this is not medically necessary.