

<b>Case Number:</b>	CM14-0191791		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	02/27/2014
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Orthopedic Surgery and is licensed to practice in Minnesota. 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 55-year-old male with date of injury of 2/27/2014. The mechanism of injury described was repetitive motion of both shoulders from lifting overhead. A request for transportation of ice delivery was noncertified by utilization review on 10/29/2014. He is status post right shoulder arthroscopic rotator cuff repair on 10/7/2014. The postoperative visit of 10/22/2014 noted improvement in pain with no swelling in the shoulder. He is using ice packs. The request is for transportation or delivery of ice and purchase of ice as he does not have adequate freezer space for storage of ice. On 10/22/2014 the provider requested physical therapy 2 x 6 for the right shoulder. The medications at that time included Mobic, Norco, and Percocet. Per therapy assessment the functional status was improved. The IMR is requested for transportation or ice delivery (for purchase of ice as needed).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transportation or Ice Delivery (for purchase of ice as needed): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section:, Shoulder, Topic: Continuous-flow cryotherapy

**Decision rationale:** California MTUS guidelines do not address this issue. ODG guidelines recommend continuous-flow cryotherapy as an option for 7 days after arthroscopic surgery of the shoulder. Per available records the injured worker underwent the arthroscopic surgery on 10/7/2014. Use of cold packs will be appropriate instead of the continuous-flow cryotherapy for 7 days after surgery. The request for ice delivery and purchase is dated October 23, 2014. Based upon the guidelines cold packs were not necessary after 10/14/2014. Furthermore, cold packs can be kept in the freezer and used intermittently instead of ice. Therefore the request for ice purchase and delivery dated October 23, 2014 was not appropriate or medically necessary per evidence-based guidelines.