

<b>Case Number:</b>	CM14-0196247		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	01/23/2012
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 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:

This 60 year old female continues to complain of severe pain to the right side of the neck radiating into the right shoulder and down into the right hand, and lower back; it is associated with numbness and weakness in the right hand, and stems from a slip and fall injury on 1/23/2012. She was stated to have fallen onto a right outstretched hand. Diagnoses include brachial plexus injury; right thoracic outlet syndrome; and right piriformis syndrome. Treatments have included consultations; diagnostic imaging studies; ultrasound of the bilateral brachial plexus; right anterior scalene muscle injection; physical therapy; right wrist arthroscopy & debridement of a tear; and medication management. No work status is noted for this injured worker (IW). Progress notes, dated 10/23/2014, showed the same subjective complaints to the right side, with similar complaints on the left side now that she is using it more. Objective findings noted decreased (dominant) right hand strength; decreased deep tendon reflexes in the right arm; positive Tinels sign in the right brachial plexus, right elbow and right gluteal area; positive Adson's & Roos testing; and right leg limp with a slow gait. The treatment plan included a 30 day rental of a cold therapy unit with wrap, and to proceed with authorized surgery. On 10/30/2014, Utilization Review non-certified, for medical necessity, a request for a 30 day rental of a cold therapy unit, plus wrap, citing ODG guidelines that recommend continuous flow cryotherapy as an option, for up to 7 days, after surgery and not for non-surgical treatment. Also stated was that the 30 day rental request was excessive with no exceptional factors documented to warrant treatment beyond 7 days; and that a Vascutherm unit, which provides both compression and continuous flow cryotherapy, had already been approved for the upcoming surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: Cold therapy unit plus wrap x 30 day rental:** 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 Chapter, Continuous Flow Cryotherapy

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

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of shoulder cryotherapy. According to ODG Shoulder Chapter, Continuous flow cryotherapy, it is recommended immediately postoperatively for upwards of 7 days. In this case the request exceeds the recommended 7 days for the cryotherapy unit, the request is not medically necessary.