

<b>Case Number:</b>	CM14-0196623		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	03/08/2014
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	11/08/2014
<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 Internal 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 injured worker (IW) is a 45-year-old man with a date of injury of March 8, 2014. The mechanism of injury occurred as a result of lifting heavy objects. The current diagnoses are left shoulder impingement syndrome; left shoulder partial rotator cuff tear. The IW underwent left shoulder arthroscopy, subacromial decompression, and acromioclavicular (AC) joint reconstruction on October 2, 2014. Pursuant to the October 22, 2014 progress note, the IW is 2 weeks post-op left shoulder arthroscopy. The IW reports 50% pain improvement since the surgery. The physical exam reveals a well-healed scar and sutures that are intact. Neurovascular exam is intact. Range of motion of the left shoulder revealed abduction was 90 degrees; forward flexion at 90 degrees, internal rotation at 80 degrees, and external rotation at 80 degrees. The plan is to remove the sutures, and start physical therapy 3 times a week for 6 weeks to increase range of motion and strength. Refills will be provided for Voltaren XR 100mg, and Omeprazole 20mg. The current request is for Q-Tech Cold Therapy Recovery System with wrap 21 days for home use left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Q-tech cold therapy recovery system with wrap left shoulder 21 days for home use left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 68 & 70. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, 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 Section; Continuous-flow cryotherapy

**Decision rationale:** Pursuant to the Official Disability Guidelines, Q Tech Cold therapy recovery system with wrap left shoulder 21 days for home use is not medically necessary. Continuous flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Post-operative use generally may be up to seven days, including home use. In the post-operative setting, continuous flow cryotherapy units have been proven to decrease pain, inflammation and narcotic usage. In this case, the injured worker is a 45-year-old man with a date of injury March 8, 2014. In a progress note dated September 17, 2014 the treating physician indicated a request in the treatment recommendations for the Q Tech Cold therapy recovery system with wrap left shoulder 21 days for home use. The injured worker underwent left arthroscopic shoulder surgery on October 2, 2014. The injured worker presented for follow-up approximately 3 weeks later on October 22, 2014. Sutures were removed and the plan was to start physical therapy. This post-operative note did not include any mention of the cold therapy recovery system. Moreover, the cold therapy recovery system is indicated for seven days post operatively. The request was for 21 days of use. This is in excess of the recommended guidelines. Additionally, the unit is indicated seven days immediately post-surgery. Ideally, the cold therapy recovery system would have been indicated on October 2, 2014. The documentation is unclear as to when the unit was actually received. Consequently, the cold therapy recovery system is indicated for seven days post operatively, not 21 days, and as a result the cold therapy recovery system with wrap 21 days home use is not medically necessary.