

<b>Case Number:</b>	CM14-0204226		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	09/08/2011
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	11/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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:

This individual is a 57 y/o male who developed right shoulder pain and weakness subsequent to an injury 9/8/11. He has been diagnosed with chronic shoulder impingement and acromial-clavicle degenerative joint disease. He has complicating metabolic factors from diabetes mellitus. A request for shoulder surgery was denied in utilization review due to poor diabetes control. There was also a request for a postoperative shoulder sling and postoperative continuous cooling unit with pump. These were denied due to the surgical denial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated Surgical Services: Cold therapy unit for the right shoulder, 14 day rental:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder Chapter Post operative Physical Therapy

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

**Decision rationale:** MTUS Guidelines do not address this issue. ODG Guidelines directly address this issue and recommends no more than 7 days of post-operative use. The request for 14 days is inconsistent and there are no unusual circumstances to justify an exception to Guidelines if the surgery had been approved. The surgery was denied and there is no updated information that documents approval of the shoulder surgery. Under these circumstances the request for a Cold Therapy unit rental for 14 days is not medically necessary.