

<b>Case Number:</b>	CM14-0206058		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	03/07/2012
<b>Decision Date:</b>	02/26/2015	<b>UR Denial Date:</b>	11/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 40-year-old woman with a date of injury of March 7, 2012. The mechanism of injury occurred as a result of lifting a 50 lb. sack. The injured worker's working diagnoses are displacement of cervical intervertebral disc without myelopathy; left shoulder adhesive capsulitis; fibromyalgia (myalgia and myositis, unspecified); carpal tunnel syndrome, bilateral; right elbow sprain/strain; right wrist sprain/strain; left wrist tendinitis; and right wrist TFCC tear. Pursuant to the progress report dated November 10, 2014, the IW complains of pain in the bilateral shoulders rated 9/10. The pain is describes as achy, burning, numbness, pins and needles, stabbing, and localized. She also has pain in the bilateral hands, along with fibromyalgia symptoms. Examination of the bilateral shoulders reveals no surgical incisions, deformity, scarring, atrophy, scapular winging, or scapular dyskinesis. Range of motion was slightly decreased bilaterally. There is an orthopedic follow-up note dated June 16, 2014 on page 53 of the medical record that indicates the IW had right shoulder arthroscopy on February 28, 2014. The treating physician is recommending a rheumatology consult, and topical creams. He is also requesting authorization for bilateral shoulder arthroscopies and manipulation under anesthesia as the IW has positive MRI findings and has failed conservative measures including cortisone injections, physical therapy and medications. The current request is for DME: 30-45 day rental of Cold Therapy Unit for bilateral shoulders.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Thirty-Forty-Five (30-45) day rental of cold therapy unit for bilateral shoulders: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic) Procedure Summary, 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/Back Section, Hot/Cold Packs

**Decision rationale:** Pursuant to the Official Disability Guidelines, a 30 - 45 day rental of cold therapy unit for bilateral shoulders is not medically necessary. Cold packs are recommended as an option for acute pain. At home local applications of cold first few days of acute complaint; thereafter applications of heat and cold packs. There is minimal evidence supporting the use of cold therapy but heat therapy has been found to be helpful for pain reduction and return to normal function. In this case, the documentation from page 57 of the medical record in a progress note dated June 16th 2014 indicates the injured worker had a right shoulder rotator cuff repair, mini open repair, debridement and manipulation under anesthesia performed on February 28, 2014. On page 88 of the medical record and a progress note dated November 10, 2014 the treatment plan is for bilateral shoulder arthroscopies. The treating physician is requesting authorization for the patient to undergo bilateral shoulder arthroscopy and manipulation under anesthesia as the patient has positive MRI findings and has failed conservative measures including cortisone injections, physical therapy and medication. The shoulder examination from November 10, 2014 indicates the bilateral shoulders show no surgical scars, deformity, scarring, atrophy. Range of motion is decreased to flexion, extension, abduction, adduction internal and external rotation. An MRI was done on February 28, 2014 that shows subacromial/subdeltoid bursitis, supraspinatus tendinosis, and subscapularis tendinosis and biceps tenosynovitis. MRI of the left shoulder performed on February 28, 2014 revealed rotator cuff tendinosis, hypertrophic changes of the AC joint and findings indicative of adhesive capsulitis. The injured worker's working diagnoses are displacement cervical intervertebral disc without myelopathy; left shoulder adhesive capsulitis; fibromyalgia; carpal tunnel syndrome bilateral; sprain/strain right elbow; sprain/strain right wrist; left wrist tendinosis and right wrist TFCC tear. Although the diagnoses contain a left shoulder diagnosis of adhesive capsulitis entry in the list of diagnoses, there is no diagnosis referencing the right shoulder. The documentation is conflicting as to whether or not a right shoulder arthroscopy was performed in February 2012. Regardless, it is not customary to have bilateral shoulder arthroscopies done at the same time during the same procedure. There was no authorization in the medical record for bilateral shoulder arthroscopies to be performed at the same time during the same procedure. Consequently, a 30 - 45 day rental of cold therapy unit for bilateral shoulders is not medically necessary.