

<b>Case Number:</b>	CM14-0209883		
<b>Date Assigned:</b>	01/21/2015	<b>Date of Injury:</b>	03/26/2003
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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:

According to the records made available for review, this is a 57-year-old male with a 3/26/03 date of injury. At the time (12/11/14) of the Decision for post op [REDACTED] cold therapy unit for 7 day rental, there is documentation of subjective (none specified) and objective (cannot do belly press, his external rotation strength is increased) findings, current diagnoses (shoulder pain), and treatment to date (medication and sling). Medical reports identify that shoulder surgery has been authorized.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post op [REDACTED] cold therapy unit for 7 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 Guideline (ODG). Shoulder Chapter ([http://www.aetna.com/opb/medical/data/200\\_299/0297.html](http://www.aetna.com/opb/medical/data/200_299/0297.html))

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

**Decision rationale:** MTUS does not address the issue. ODG identifies cold compression therapy is not recommended in the shoulder, as there are no published studies. Therefore, based on

guidelines and a review of the evidence, the request for post op [REDACTED] cold therapy unit for 7 day rental is not medically necessary.