

<b>Case Number:</b>	CM14-0062765		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	02/08/2012
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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. 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: New York, New Hampshire, Washington  
Certification(s)/Specialty: Orthopedic Surgery

### 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 patient is 10 months s/p shoulder surgery. He continues to have shoulder pain. MRI is not approved. He has not improved with PT and meds. The surgeon desires to do revision shoulder rotator cuff surgery. At issue is whether or not cold therapy post-op is needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cold therapy unit (10 day rental):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** ODG guidelines recommend up to 7 days of cold therapy post-op after shoulder surgery. 10 days is excessive and should not be approved. Also, cold therapy can be achieved with ice packs. 10 days of cold therapy after shoulder surgery is not medically needed.