

<b>Case Number:</b>	CM15-0004478		
<b>Date Assigned:</b>	01/15/2015	<b>Date of Injury:</b>	12/04/2012
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 47-year-old male sustained multiple work-related injuries on 12/4/2012. The diagnosis at issue is right shoulder impingement and rotator cuff tear. Previous treatments include medications, a cortisone injection and physical therapy. The treating provider requests a Cold Therapy Unit. The Utilization Review on 12/11/2014 modified the request for a Cold Therapy Unit, allowing a 7-day rental. The ODG Shoulder chapter, 'Continuous-flow cryotherapy', was cited as the reference for the decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cold therapy unit:** 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 Compression Therapy section, Continuous-flow Cryotherapy section.

**Decision rationale:** The MTUS Guidelines do not address the use of cold compression therapy for the shoulder. The ODG does not recommend the use of cold compression therapy for the shoulder as there are no published studies. Continuous-flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to seven days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage. The utilization review recommended modifying this request to allow a 7 day rental to be consistent with these guidelines. Medical necessity of this request (as written) has not been established within the recommendations of the ODG. The request for cold therapy unit is determined to not be medically necessary.