

<b>Case Number:</b>	CM15-0101773		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	06/11/2013
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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, Indiana, Oregon  
 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 injured worker is a 49 year old male, who sustained an industrial injury on June 11, 2013. The injured worker was diagnosed as having osteoarthritis, shoulder impingement and biceps tendonitis. Treatment to date has included barotage procedure, injection, x-rays, magnetic resonance imaging (MRI) and medication. A progress note dated April 14, 2015 provides the injured worker complains of left shoulder pain. He reports sleep disturbance and inability to move his arm and shoulder due to pain. X-ray and magnetic resonance imaging (MRI) were reviewed and revealed a 2cm X2cm calcific deposit and impingement. Physical exam notes painful decreased range of motion (ROM) of the shoulder. The plan includes surgery with associated services including cryotherapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: Cryotherapy unit for fourteen (14) days: Upheld**

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

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

**Decision rationale:** This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur. CA MTUS/ACOEM is silent on the issue of shoulder cryotherapy. According to ODG Shoulder Chapter, continuous flow cryotherapy, it is recommended immediately postoperatively for up to 7 days. In this case, the request exceeds the guideline duration and is not medically necessary.