

<b>Case Number:</b>	CM15-0134366		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	02/05/2015
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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: 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:

This 64 year old woman sustained an industrial injury on 2/5/2015 after catching a toddler from falling off the bed. Evaluations include right shoulder MRI date 4/9/2015. Diagnoses include acuter rotator cuff tear, acromioclavicular joint arthritis with impingement, moderate glenohumeral arthritis, and left shoulder compensatory pain with evidence of impingement. Treatment has included oral medications. Physician notes on a PR-2 dated 5/22/2105 show bilateral shoulder pain rated 9/10 with radiation to the hand. Recommendations include surgical intervention with pre-operative medical clearance, assistant surgeon, left shoulder x-rays and MRI, left shoulder steroid injection, and Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative cold unit 6 month rental:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Continuous-flow cryotherapy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007)  
Page(s): Neck p 174; Shoulder page 203 and Elbow page 27.

**Decision rationale:** At home local application of cold packs should be applied in the first few days of acute pain but thereafter application of heat should be applied for neck pain. The MTUS states that heat or cold application may be applied before or after exercise at home and that this is as effective as applications applied by a therapist. The MTUS also states that in one study of elbow complaints classified as epicondylagia ,cold did not improve symptoms more than exercise alone. This patient is to have shoulder surgery and the MD is requesting a special cold devise for the patient to be used post op for 6 months. There is insufficient evidence to indicate that this type of devise applying cold for a period of 6 months is needed for this patient. Therefore, the UR is justified in its decision.