

<b>Case Number:</b>	CM15-0026565		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	06/02/2014
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2015

### 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: Pennsylvania  
 Certification(s)/Specialty: Family Practice

### 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 37 year old male, who sustained an industrial injury on 6/2/2014. The diagnoses have included lumbosacral strain, persistent right shoulder sprain and impingement syndrome of the right shoulder. Treatment to date has included physical therapy, surgical intervention and medication. Magnetic resonance imaging (MRI) of the right shoulder dated 7/26/2014 revealed moderate humeral osteoarthritis; no rotator cuff tear was identified. According to the Primary Treating Physician's Initial Orthopedic Comprehensive Report, the injured worker reported occasional pain in the right shoulder. He rated the pain as 5 out of 10 on the visual analog scale (VAS). He also reported on and off pain in the low back. He rated the pain as 7 out of 10. He stated that he had trouble sleeping. Physical exam revealed decreased range of motion in the right shoulder. Tenderness was present in the right shoulder. There was a positive impingement test on the right. Lumbar spine exam revealed a positive straight leg raise bilaterally. Physical exam revealed tightness and spasm of the paraspinal musculature. Work status was temporarily partially disabled. The treatment recommendation was for right shoulder scope surgery. Authorization was requested for the surgery and for postoperative equipment of a Hot/Cold Contrast Unit and an abduction sling. The injured worker underwent right shoulder arthroscopic surgery on 1/19/2015. On 1/20/2015, Utilization Review (UR) non-certified a request for a Hot/Cold Therapy Pad Purchase and a Hot/Cold Therapy Unit Purchase. The Official Disability Guidelines (ODG) were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hot/Cold Therapy Pad Purchase Right Shoulder: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder Continuous-Flow Cryotherapy

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Physical Therapy: Cold/Heat Packs

**Decision rationale:** At the 11/18/2014 pre-operative visit, the orthopedic surgeon requested Hot/Cold Contrast unit to assist with post-operative recovery. Cold/heat packs are recommended as an option for acute pain. Continuous low-level heat wrap therapy is superior to both acetaminophen and ibuprofen for treating low back pain. Heat therapy in particular has been found to be helpful for pain reduction and return to normal function. Cold should be applied in the first few days of acute pain and thereafter heat or cold. The MTUS does not address heat or cold treatment. The ODG references it in regards to acute pain but does not specifically address it for post-operative shoulder pain. However, the indication for acute pain would apply to post-operative pain. It is clear from the medical record that the intent of this treatment is for post-operative pain and not chronic pain and is therefore medically necessary.

**Hot / Cold Therapy Unit, Purchase, Right Shoulder: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder Continuous-Flow Cryotherapy

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Physical Therapy: Heat/Cold Packs

**Decision rationale:** At the 11/18/2014 pre-operative visit, the orthopedic surgeon requested Hot/Cold Contrast unit to assist with post-operative recovery. Cold/heat packs are recommended as an option for acute pain. Continuous low-level heat wrap therapy is superior to both acetaminophen and ibuprofen for treating low back pain. Heat therapy in particular has been found to be helpful for pain reduction and return to normal function. Cold should be applied in the first few days of acute pain and thereafter heat or cold. The MTUS does not address heat or cold treatment. The ODG references it in regards to acute pain but does not specifically address it for post-operative shoulder pain. However, the indication for acute pain would apply to post-operative pain. It is clear from the medical record that the intent of this treatment is for post-operative pain and not chronic pain and is therefore medically necessary.