

<b>Case Number:</b>	CM15-0216810		
<b>Date Assigned:</b>	11/06/2015	<b>Date of Injury:</b>	06/13/2011
<b>Decision Date:</b>	12/23/2015	<b>UR Denial Date:</b>	10/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2015

### 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: Internal Medicine, Hospice & Palliative 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:

The injured worker is a 64 year old male, who sustained an industrial injury on 6-13-2011. Medical records indicate the worker is undergoing treatment for recurrent rotator cuff tear. A recent progress report dated 10-15-2015, reported the injured worker complained of right shoulder pain. Physical examination revealed right acromioclavicular tenderness and decreased range of motion. Radiology studies showed a full thickness tear to the right rotator cuff. Treatment to date has included acupuncture, injections, rotator cuff surgery, physical therapy and medication management. The physician is requesting Cold therapy Unit rental times 21 days with cold therapy pads. On 10-26-2015, the Utilization Review modified the request for Cold therapy Unit rental times 21 days with cold therapy pads.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cold therapy Unit rental times 21 days cold therapy pads:** 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 procedure, Continuous flow cryotherapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction.

**Decision rationale:** The MTUS Guidelines support the use of cold therapy only during the earliest phase of treatment and not for longer than two weeks. The goal is temporary pain relief in order to allow for progressive exercise and activity. The submitted and reviewed records indicated the worker was experiencing right shoulder pain with numbness. Treatment recommendations included a surgical procedure for this shoulder. These records indicate the worker was to use this treatment for 21 days after surgery. There was no discussion describing special circumstances that supported the use of this treatment outside of the time period recommended by the Guidelines. In the absence of such evidence, the current request for the 21-day rental of a cold therapy unit with cold therapy pads is not medically necessary.