

<b>Case Number:</b>	CM15-0032832		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	10/22/2004
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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: Arizona, California  
 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 53 year old female, who sustained an industrial injury on 10/22/2004. She reported cumulative trauma injury while working as a baker and performing heavy lifting. The injured worker was diagnosed as status post right rotator cuff repair, status post cervical disc replacement and left shoulder torn rotator cuff. Treatment to date has included surgery, physical therapy, steroid injections and medication management. Currently, a progress note from the treating provider dated 11/4/2014 indicates the injured worker reported left shoulder pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cold compression unit x 30 day rental for the left shoulder post-op:** Upheld

**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 Chapter, Continuous-flow cryotherapy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212. Decision based on Non-MTUS Citation ODG guidelines, shoulder chapter- cold compression pg 10.

**Decision rationale:** According to the guidelines, cold compression is not recommended as there are no published studies. Short course of cold pack is an option initially after the injury. In this case, the injury was years ago. The request for cold compression is not indicated and not medically necessary.