

<b>Case Number:</b>	CM15-0042837		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	04/20/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2015

### 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:

The injured worker is a 48 year old female, who sustained an industrial injury on April 20, 2013. She reported an injury to the right shoulder. The injured worker was diagnosed as having right shoulder rotator cuff tear/impingement. Treatment to date has included a sling, acupuncture, physical therapy, right shoulder injection, diagnostic studies and medication. On March 11, 2015, the injured worker complained of right clavicular, right anterior shoulder, right anterior wrist, right anterior elbow, cervical, thoracic, right ankle and left ankle pain. She rated the pain as an 8 on a 1-10 pain scale. She also reported numbness and tingling in her right anterior hand, right anterior wrist, left anterior wrist and left anterior hand approximately 30% of the time. Her symptoms are worse with bending, cooking, carrying, dressing, lifting, pulling, pushing, standing and sitting. Rest makes her symptoms better. Physical examination revealed palpable tenderness of right suprapinatus, anterior shoulder, anterior deltoid, posterior deltoid, acromion process and clavicular joint. There was also palpable tenderness at right cervical dorsal, upper thoracic and right cervical. Neer, Hawkin/Kennedy and Impingement were positive on the right. The treatment plan included physical therapy for the right Achilles tendon and right shoulder, follow-up visit, medication and an MRI of the right Achilles.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Rental of a Q tech cold therapy unit for 21 days: 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/cold compression: cold compression therapy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) Continuous-flow cryotherapy, Cold compression therapy, Compression garments.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses physical modalities. American College of Occupational and Environmental Medicine (ACOEM) Chapter 9 Shoulder Complaints indicates that physical modalities are not supported by high-quality medical studies. Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) indicate that continuous-flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) states that compression garments are not generally recommended in the shoulder. Cold compression therapy is not recommended in the shoulder, as there are no published studies. The medical records document a history of right shoulder rotator cuff tear. Right shoulder arthroscopy was performed on 1/20/15. Q-Tech cold therapy recovery system with wrap 21-day rental was requested. Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) indicate that continuous-flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. The request for a 21-day rental exceeds ODG guideline recommendations. MTUS, ACOEM, or ODG guidelines do not support the request for a cold therapy device. Therefore, the request for Q-Tech cold therapy recovery system 21-day rental is not medically necessary.