

<b>Case Number:</b>	CM15-0042856		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	04/20/2013
<b>Decision Date:</b>	04/24/2015	<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: Physical Medicine & Rehabilitation

### 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 4/20/2013, after being caught in an elevator door. She reported injury to her right shoulder, elbow, and wrist. The injured worker was diagnosed as having medial epicondylitis. Treatment to date has included surgical (arthroscopic right shoulder mini open acromioplasty and partial coracoacromial ligament release, mini rotator cuff repair, tenosynovectomy and bursectomy, and injection on 1/20/2015) and conservative measures. A progress report addendum, dated 1/15/2015, noted a request for cold therapy for use after surgery for up to 21 days (to combat pain and swelling), Pro-sling with abduction pillow (to stabilize and protect the joint), and shoulder continuous passive motion (CPM) machine (for joint mobility). Currently (1/26/2015), the injured worker complains of right shoulder pain, right arm and forearm pain, right elbow pain, and right wrist and hand pain, rated 8/10. She rated pain 9 at worst and 7 at best. She also reported anxiety and stress. Current medications included Ibuprofen. Inspection of the bilateral shoulders was unremarkable. Tenderness and spasm were noted to the right deltoid. Range of motion was decreased on the right and motor strength testing was notable for 4-/5 in the right deltoid, right elbow extension, and right elbow flexion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Durable Medical Equipment (DME) purchase: Pneumatic wrap to be used with the cold therapy unit:** 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/Compression Unit: Cold compression therapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines shoulder chapter has the following regarding continuous-flow cryotherapy.

**Decision rationale:** This patient presents with the right shoulder pain. The patient underwent the right shoulder surgery on 01/20/15. The request is for Durable Medical Equipment (DME) purchase: Pneumatic wrap to be used with the cold therapy unit on 01/15/15 per the utilization review letter dated 02/13/15. RFA is not available in the provided reports. The patient remains temporarily and totally disabled for 45 days per 01/26/15 report. Per 01/15/15 report, the treater noted that "Q-Tech Cold Therapy Recovery System is recommended for the patient to use after surgery for up to 21 days. The Q-Tech Cold Therapy Recovery System will use cold therapy to combat pain and swelling. The patient will be instructed to use the Q-Tech Cold Therapy Recovery System daily for 6-8 hours for up to 21 days after surgery." ODG guidelines shoulder chapter has the following regarding continuous-flow cryotherapy under shoulder:  
"Recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use." In this case, the request is for post operation use to address pain and swelling. However, the ODG guidelines only support it for 7 days for post-op. The current request is for 21 days, exceeding what is recommended by the guidelines. The request is not medically necessary.