

<b>Case Number:</b>	CM15-0044512		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	12/26/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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, Ohio, 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 55 year old male, who sustained an industrial injury on 12/26/2013. He has reported subsequent neck, back, knee, ankle and left shoulder pain and was diagnosed with left knee medial meniscus tear, right knee advanced medial compartment osteoarthritis, left shoulder partial rotator cuff tear. Treatment to date has included oral pain medication and surgery. In a progress note dated 12/18/2014, the injured worker complained of continued left shoulder pain. The physician noted that a left shoulder diagnostic and operative arthroscopy were going to be performed due to continued symptoms and that surgery was scheduled for and performed on 01/16/2015. A request for authorization of cold compression, shoulder CPM and sheepskin pad was made without documentation as to the reason for the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vascutherm cold compression rental 14 days:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** MTUS does not discuss this topic. ODG recommends continuous cold cryotherapy for up to 7 days post-op. Guidelines do not support 14 day use of the current requested equipment either for pain relief or for DVT prophylaxis. The records do not clarify a rationale for this request. The request is not medically necessary.

**Shoulder CPM rental 14 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder / Continuous Passive Motion.

**Decision rationale:** MTUS does not address this request. ODG specifically states that shoulder CPM is not supported / indicated for any shoulder diagnosis. Treatment notes do not provide an alternate rationale for this request. The request is not medically necessary,

**Sheepskin pad:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder/Continuous Flow Cryotherapy Shoulder / Continuous Passive Motion.

**Decision rationale:** The rationale for this request is not apparent from the treatment records. ODG does not discuss an indication for this treatment either with vascultherm cold compression or knee CPM. This request is not medically necessary.