

<b>Case Number:</b>	CM15-0085248		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	10/28/2012
<b>Decision Date:</b>	06/10/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 66 year old female, who sustained an industrial injury on 10/28/2012. On 12/15/2014, the injured worker underwent right shoulder arthroscopic subacromial decompression, arthroscopic debridement of full-thickness rotator cuff tear, arthroscopic partial distal claviclectomy/Mumford procedure and arthroscopic synovectomy-bursectomy. Diagnosis included right shoulder chronic impingement syndrome with full thickness rotator cuff tear. The injured worker tolerated the procedure satisfactorily. Medications provided included Keflex, Fexmid, Tramadol and Anaprox. The injured worker was provided with a Game Ready unit, ACE brace and DVT calf wrap. Currently under review is the request for a Game-Ready Cold Compression Unit for the right shoulder for 7 days retro date of service 12/15/2014- 12/21/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Game-Ready Cold Compression Unit, Right Shoulder, for 7 days (retro DOS 12/15/14-12/21/14): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Game Ready

accelerated recovery system; Cold compression therapy; Continuous cold therapy; Shoulder chapter - Compression garments; Venous thrombosis.

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

**Decision rationale:** Guidelines state that a cold therapy unit is not required after surgery as home application of ice cold packs will suffice. In this case, there is no indication as to why the patient cannot use at home ice packs. Further, the risk for extremity DVT after shoulder scope is minimal. The request for game ready cold compression system with DVT is not medically necessary and appropriate.