

<b>Case Number:</b>	CM13-0046532		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/11/2011
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	10/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 56-year-old female patient who sustained an industrial injury on 06/19/10. Diagnoses include tendonitis of the left shoulder, cervical strain, and tendinitis of the bilateral elbow. The mechanism of injury was not provided. Previous treatment to date has included left shoulder arthroscopy decompression, cold therapy system, sling, and surgery scheduled for 10/09/13. On 10/23/13, a request for a cold therapy unit purchased for the left shoulder was denied at utilization review with the reviewing physician noting that a rental of a cold therapy unit for seven days is medically necessary in reducing pain, inflammation, swelling, and narcotic usage; however, purchase of a cold therapy unit is not medically necessary. There are no progress notes, diagnostic studies, or surgical reports provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**THE PURCHASE OF A COLD THERAPY UNIT FOR THE LEFT SHOULDER:** 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).

**Decision rationale:** The ODG guidelines regarding continuous flow cryotherapy state "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, there is minimal documentation provided for review. There are no progress notes, diagnostic studies, or surgical reports. However, it was noted that the patient was scheduled for surgery on 10/09/13, which would suggest the use of a cold therapy unit would be appropriate for 7 days postoperatively. However, purchase of a cold therapy unit for the left shoulder would not be considered medically necessary and would not be supported by guidelines. to request for purchase of a cold therapy unit for the left shoulder is non-certified.