

<b>Case Number:</b>	CM14-0143448		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	12/21/2004
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2014

### 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 Orthopedic Surgery 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:

The claimant is a 60-year-old female who injured the right shoulder on 12/21/04. The medical records provided for review documented that the claimant was status post rotator cuff repair with subacromial decompression on 11/22/13. This review is for the retrospective request for a four week use of a ThermaCooler System (hot & cold compression therapy) with a Water Circulating Wrap and the initial use of a Home Exercise Kit in the postoperative setting. There is no documentation of any other pertinent medical information in regards to this claimant's course of care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ThermaCooler system (hot/cold compression therapy) with water circulating wrap for 4 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Continuous-Flow Cryotherapy/Compression Garments

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205; 555-556. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure - Continuous-flow cryotherapy

**Decision rationale:** Based on the California ACOEM Guidelines, and supported by the Official Disability Guidelines, the retrospective request for 4 week use of a cryotherapy device would not be indicated. The ACOEM Guidelines support the application of cold packs for treatment of pain and swelling. According to the Official Disability Guidelines, cryotherapy can be utilized in the immediate postoperative setting, but it is typically only recommended for up to seven days including home use. The retrospective request for 28 days or 4 weeks of use exceeds the guideline criteria and there is no documentation within the records for review that would indicate the claimant would be an exception to standard treatment. Therefore, the request cannot be supported.

**Home exercise kit, for the shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Exercises

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure - Home exercise kits

**Decision rationale:** The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. When looking at Official Disability Guidelines criteria, a home exercise kit would not be supported. The Official Disability Guidelines state that exercise kits can be utilized in the subacute stage of a home exercise program. Following surgery, the standard of care would include advancement to a physical therapy program to improve function and strength before transitioning the claimant to an independent home exercise program. The initial use of a home exercise kit in direct relationship to the claimant's 11/22/13 surgery would not be indicated.