

<b>Case Number:</b>	CM14-0161548		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	03/06/2014
<b>Decision Date:</b>	12/17/2014	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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 Occupational 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:

The claimant is a represented [REDACTED] employee who has filed a claim for shoulder pain reportedly associated with an industrial injury of March 6, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; 16 sessions of physical therapy, per the claims administrator; eight sessions of chiropractic manipulative therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated September 26, 2014, the claims administrator partially approved a request for water circulating cold pad/cold therapy unit with associated supplies as a seven-day rental of the same. The request in question was interpreted as postoperative/perioperative request. The claims administrator suggested that the applicant was in the process of pursuing shoulder surgery. The applicant's attorney subsequently appealed. In an August 20, 2014, progress note, the applicant reported ongoing complaints of ongoing complaints of shoulder pain. It was acknowledged that the applicant was represented and was not currently working. The applicant completed 16 sessions of physical therapy, the attending provider noted. Dull, aching, and constant shoulder pain were appreciated. The applicant was using Motrin and Vicodin for pain relief. Only fleeting relief was obtained following the earlier shoulder corticosteroid injection. Authorization was sought for shoulder arthroscopy with subacromial decompression, debridement, and acromioclavicular joint excision. A rather proscriptive 5-pound lifting limitation was endorsed, which is apparently resulting in the applicant's removal from the workplace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Water circ cold pad w pump:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Continuous flow cryotherapy

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder Chapter Continuous Flow Cryotherapy topic

**Decision rationale:** The request represents the request to purchase continuous cooling device/cold therapy unit following planned shoulder surgery. The MTUS does not address the issue of continuous cooling devices following planned shoulder surgery. While ODGs Shoulder Chapter continuous-flow cryotherapy topic does acknowledge that continuous cooling devices/cooling pads/cooling pumps can be employed as an option after surgery, ODG qualifies its recommendation by noting that postoperative use generally may be up to seven days, including home use. The request to purchase the device postoperatively, thus, runs encounter to ODG principles and parameters, particularly in light of the fact that ODG notes that overuse of continuous cooling devices can generate complications such as frostbite. Therefore, the request is not medically necessary.