

<b>Case Number:</b>	CM14-0088268		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	06/24/2013
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2014

### 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:

56-year-old female claimant with reported industrial injury of June 24, 2013. Exam note from 5/28/2014 demonstrates the patient presents for follow-up with a right rotator cuff syndrome. Physical examination discloses significant weakness on rotation and forward flexion. Active range of motion right shoulder flexion was at 160, abduction 155, external rotation 45 and internal rotation at 45. Tenderness is noted palpation of the subacromial space. The right shoulder stability was stable. The Neer impingement and Hawkins test were noted to be positive. Treatment and plan included arthroscopic rotator cuff repair and labral debridement. Patient diagnosis is right shoulder rotator cuff tear and adhesive capsulitis. Request is made for 7-10 day [REDACTED] ice machine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**[REDACTED] Ice machine for 7-10 days: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & Leg (Updated 06/05/14); Game Ready accelerated recovery system ODG Shoulder (updated 04/25/14); Cold compression therapy

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

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of shoulder cryotherapy. According to ODG Shoulder Chapter, Continuous flow cryotherapy, it is recommended immediately postoperatively for upwards of 7 days. In this case the 7-10 day range exceeds the length of time recommended postoperatively for the cryotherapy unit. Therefore the request is not medically necessary.