

<b>Case Number:</b>	CM14-0146060		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	06/16/2013
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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. 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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of June 16, 2013. In a utilization review report dated August 20, 2014, the claims administrator partially approved a request for a 14-day rental of a continuous cryotherapy device as a 7-day rental of the same. It appeared that the request was framed as a postoperative/perioperative request. The applicant's attorney subsequently appealed. In an RFA form dated July 18, 2014, a 14-day rental of a Game Ready continuous-flow cryotherapy device was endorsed. The applicant did undergo a right shoulder arthroscopy, subacromial decompression, acromioplasty, bursectomy, and distal claviclectomy on July 18, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**14-day rental of a Game Ready with wrap for the right shoulder, status post surgery.:**

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 Procedure Summary

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Integrated Treatment/ Disability Duration Guidelines Shoulder Disorders Continuous-flow cryotherapy

**Decision rationale:** 1. No, the request for a 14-day rental of the Game Ready cryotherapy device was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, ODG's Shoulder Chapter, Continuous-Flow Cryotherapy Topic notes that postoperative cryotherapy usage should be limited to seven days, noting that the adverse effects of protracted postoperative cryotherapy can include frostbite and can, furthermore, be potentially devastating. The attending provider did not furnish any clear, compelling, or applicant-specific rationale which would offset the unfavorable ODG position on the article at issue. Therefore, the request was not medically necessary.