

<b>Case Number:</b>	CM14-0210465		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	10/29/2012
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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: California  
Certification(s)/Specialty: Orthopedic Surgery

### CLINICAL CASE SUMMARY

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

36-year-old claimant, with a reported industrial injury of October 29, 2012 following accident. MRI the left shoulder on October 17, 2013 demonstrates mild AC joint degenerative changes with a inferior spur, type II morphology of the acromion, mild to moderate tendinosis of the supraspinatus tendon with not tear and a superior labral tear. EMG and nerve conduction studies reveal no active cervical radiculopathy, right moderate compression of the median nerve at the carpal tunnel and mild compression of the ulnar nerve at Guyon's canal.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vasopneumatic compression and cold therapy system (Game Ready) 28 days rental including control unit and wrap, left shoulder: Upheld**

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

**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 request of 28 days exceeds the postoperative recommendations for the cryotherapy unit. Therefore the determination is for non-certification.