

<b>Case Number:</b>	CM14-0211924		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	06/06/2013
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	12/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 patient is a 32 year old woman who sustained a work-related injury on June 14, 2013. Subsequently, the patient developed a chronic left shoulder pain for which he was certified for left shoulder surgery. According to a progress report dated on November 15, 2014, the patient was complaining of ongoing left shoulder pain. The patient physical examination demonstrated left shoulder tenderness with positive findings for impingement. The patient was treated with physical therapy and steroids injections. The provider requested authorization for Water circ cold pad w pump.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 12th Edition (web) 2014

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cold/heat packs ([http://www.worklossdatainstitute.verioiponly.com/odgtwc/low\\_back.htm#SPECT](http://www.worklossdatainstitute.verioiponly.com/odgtwc/low_back.htm#SPECT)).

**Decision rationale:** There is no evidence to support the need of cold therapy in this patient. There is not enough documentation relevant to the patient work injury to determine the medical necessity for cold therapy. There are no controlled studies supporting the use of hot/cold in shoulder pain beyond a short period of time after surgery. The provider has the document the timing and the duration of shoulder cold therapy. Cold therapy is not indicated for chronic pain. Therefore, the request for Water circ cold pad w pump is not medically necessary.