

<b>Case Number:</b>	CM15-0011468		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	07/15/2014
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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: Physical Medicine & Rehabilitation

### 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 injured worker is a 47 year old male, who sustained an industrial injury on 07/15/2014. He has reported tripping and falling causing him to land on his right arm sustaining an injury to the right arm. Diagnoses include right shoulder rotator cuff tear, right shoulder acromioclavicular joint osteoarthritis, and right shoulder adhesive capsulitis. Treatment to date has included medication regimen, right shoulder x-rays, use of a shoulder sling, physical therapy, chiropractic therapy, acupuncture, cortisone injections, and magnetic resonance imaging. In a progress note dated 11/18/2014 the injured worker reports right shoulder pain and weakness that worsens with overhead activity. The treating physician documented a request for authorization for right shoulder diagnostic arthroscopy and therefore requested use of a cold therapy unit for post-operative therapy. On 01/06/2015 Utilization Review modified the requested treatment of cold therapy unit fourteen day rental of the right shoulder to cold therapy unit seven day rental of the right shoulder, noting the Official Disability Guidelines, Treatment Index, 12th Edition( web), 2014, Shoulder, Cold Compression Therapy, Continuous-Flow Therapy Cryotherapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cold therapy unit x 14 day rental for right 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, Cold Compression Therapy

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder chapter has the following regarding continuous-flow cryotherapy

**Decision rationale:** This patient presents with right shoulder pain. As stated in progress report dated 11/18/14, the patient is pending surgery. The current request is for COLD THERAPY UNIT X14 DAY RENTAL FOR RIGHT SHOULDER. The MTUS and ACOEM guidelines do not discuss specifically discuss cold therapy units units. Therefore, ODG Guidelines are referenced. ODG Guidelines under the Shoulder chapter has the following regarding continuous-flow cryotherapy: "Recommended as an option after surgery but not for nonsurgical treatment. Postoperative use generally may be up to 7 days including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic use. However, the effectiveness on more frequently treated acute injuries has not been fully evaluated." The MTUS Guideline recommends the duration of postoperative use of continuous-flow cryotherapy to be 7 days. In this case, the treating physician has recommended 14-days which exceeds what is allowed by ODG. This request IS NOT medically necessary.