

<b>Case Number:</b>	CM15-0019400		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	07/09/2011
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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, Arizona  
 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 37-year-old female who reported an injury on 07/09/2011. The mechanism of injury was not stated. The injured worker is currently diagnosed with shoulder pain. It was noted that the injured worker was status post mini open subpectoral biceps tenodesis on 12/31/2014. The injured worker presented on 01/06/2015 for a followup evaluation. The injured worker reported mild soreness in the right shoulder. Upon examination, the incisions were noted to be healing well without redness or drainage. The injured worker was utilizing a sling for immobilization. Motion/strength was not tested at that time. Recommendations included authorization for 4 weeks of postoperative physical therapy. There was no Request for Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME-Cold Compression Unit:** 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 Chapter

**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:** Official Disability Guidelines recommend continuous flow cryotherapy for up to 7 days following surgery. In this case, it was noted that the injured worker was status post-surgical intervention. However, the current request for a cold compression unit purchase exceeds guideline recommendations. Therefore, the request is not medically appropriate at this time.