

<b>Case Number:</b>	CM15-0116518		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	05/28/2009
<b>Decision Date:</b>	09/15/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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: Texas, New York, 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 a 63-year-old who has filed a claim for chronic shoulder, hand, neck and thumb pain reportedly associated with an industrial injury of May 28, 2009. In a Utilization Review report dated June 3, 2015, the claims administrator failed to approve request for water circulating hot and cold pump with associated pad and electrodes apparently prescribed and/or dispensed on or around August 10, 2012. Overall commentary was sparse, the claims administrator did not apparently incorporate any guidelines into its report rationale, but seemingly suggested that the applicant had undergone shoulder surgery on or around the date in question, August 10, 2012. The applicant's attorney subsequently appealed. The claims administrator medical evidence log, however, suggested that all the notes on file ranged from 2014 to 2015. On February 6, 2015, the applicant reported ongoing complaints of neck, shoulder, and wrist pain. X-rays of multiple body parts were endorsed. It was suggested that the applicant was approaching permanent and stationary status. The applicant was using Norvasc, Motrin, and an unspecified inhaler for asthma, it was reported. A functional capacity evaluation was sought.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Water circulation hot/cold unit with pad, retro request DOS 8/10/2012:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** No, the request for a water circulating hot/cold pump [purchase] with pad apparently prescribed and/or dispensed on or around August 10, 2012 was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of postoperative cryotherapy. While ODG's Shoulder Chapter Continuous Flow Cryotherapy topic does acknowledge that Continuous Flow Cryotherapy is recommended as an option after surgery, ODG qualifies its position by noting that postoperative use may be up to 7 days, including home use. Here, thus, the request for a purchase of the device in question, in fact, represents a treatment well above and beyond ODG parameters. The attending provider failed to furnish a clear or compelling rationale to support provision of the device in the face of the unfavorable ODG position on usage of the same beyond the immediate 7-day postoperative window. Therefore, the request was not medically necessary.

**Sterile electrodes, retro request DOS 8/10/2012:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Similarly, the request for sterile electrodes was likewise not medically necessary, medically appropriate, or indicated here. This was a derivative or companion request, one which accompanied the primary request for water circulating hot and cold unit. Since that was deemed not medically necessary above, in question #1, the derivative or companion request for associated sterile electrodes was likewise not medically necessary.