

<b>Case Number:</b>	CM15-0129254		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	06/17/2013
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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, Oregon, Washington  
 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:

The following clinical case summary was developed based on a review of the case file, including all medical records: The injured worker is a 55 year old female, who sustained an industrial injury on 6/07/2013. Diagnoses include status post rotator cuff repair, subacromial decompression and abrasion chondroplasty of the right shoulder, severe arthrofibrosis right shoulder and rule out chronic regional pain syndrome. Treatment to date has included surgical intervention (rotator cuff repair, subacromial decompression and chondroplasty on 11/2013), as well as conservative measures including modified work, diagnostics, physical therapy, pain medications and cortisone injections. Per the Primary Treating Physician's Progress Report dated 3/24/2015, the injured worker reported right shoulder stiffness with limited mobility of her shoulder and arm. She has a lot of clicking in the right shoulder. Physical examination of the right shoulder revealed decreased range of motion there are well-healed scars over the shoulder including what appears to be an open arthrotomy in the anterior aspect over the acromion. There are multiple puncture wounds that are well healed. The plan of care included surgical intervention and authorization was requested for post-op cold therapy unit rental.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative DME: cold therapy unit (2 week rental): 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 (Acute and Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cold compression therapy.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of cold compression therapy. According to the ODG, Cold compression therapy, it is not recommended in the shoulder as there are no published studies. It may be an option for other body parts such as the knee although randomized controlled trials have yet to demonstrate efficacy. As the guidelines do not recommend the requested DME, the determination is for non-certification. Therefore, the request is not medically necessary.