

<b>Case Number:</b>	CM15-0171250		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	07/02/2012
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	08/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/31/2015

### 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 55-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of July 2, 2012. In a Utilization Review report dated August 8, 2015, the claims administrator failed to approve a request for a cold therapy unit with associated unit pad for postoperative use purposes. The claims administrator referenced an RFA form received on July 30, 2015 in its determination. The applicant's attorney subsequently appealed. On July 10, 2015, the applicant reported multifocal complaints of elbow, shoulder, low back, and knee pain with ancillary complaints of gastritis. The claimant was placed off of work, on total temporary disability. It was suggested that the claimant was a candidate for shoulder surgery. Authorization was sought for shoulder surgery via an RFA form dated July 29, 2015, along with associated purchase of the cold therapy unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of Cold therapy unit with unit pad postoperatively 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, Work Loss Data Institute, Shoulder Chapter, Continuous Flow Cryotherapy.

**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 purchase of a cold therapy unit with associated pad for postoperative use purposes was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, ODG's Shoulder Chapter Continuous Flow Cryotherapy topic notes that cold therapy devices are recommended as an option for up to seven days of postoperative use but are not recommended beyond that. Here, thus, the request to purchase the device, in effect, represents treatment beyond the seven days of postoperative use for which such devices are espoused. Therefore, the request was not medically necessary.