

<b>Case Number:</b>	CM15-0176280		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	08/17/2014
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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 injured worker was a 45 year old female, who sustained an industrial injury, August 17, 2014. According to progress note of August 5, 2015, the injured worker's chief complaint was left shoulder pain. The pain was rated at 5-7 out of 10. The injured worker had only had one postoperative physical therapy session and was just starting range of motion. The injured worker was doing pendulum exercises and taking an occasional Oxycodone for pain. The injured worker was left hand dominant. The injured worker was using cold therapy along with TENS unit at the end of physical therapy session for comfort. The injured worker was to attend physical therapy for the next four weeks and possible return to work in four weeks. The treating physical therapist reported the injured worker was progressing well. The injured worker was undergoing treatment for preoperative left shoulder surgery for labral debridement for partial thickness rotator cuff tear and subacromial decompression on July 10, 2015. The injured worker previously received the following treatments 5 physical therapy sessions for the left shoulder after left shoulder arthroscopic surgery on July 10, 2015, TENS (transcutaneous electrical nerve stimulator) unit at physical therapy with cold wrap therapy and Oxycodone for pain. The RFA (request for authorization) dated July 10, 2015, the following treatments were requested the purchase of a cold therapy wrap and cold therapy unit. The UR (utilization review board) denied certification on September 1, 2015: for the recommendation for the cold therapy was a seven day rental not purchase.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cold therapy wrap, purchase: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (updated 08/06/2015).

**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 requested treatment is not medically necessary.

**Cold therapy unit, purchase: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (updated 08/06/2015).

**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 requested treatment is not medically necessary.