

<b>Case Number:</b>	CM15-0037046		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	01/27/2014
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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: Georgia, California, Texas

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 injured worker is a 46-year-old male, who sustained an industrial injury on 1/27/14. On 12/27/15, the injured worker submitted an application for IMR for review. The treating provider has reported the injured worker complained of ongoing right shoulder pain and anticipating shoulder surgery. The diagnoses included a right shoulder strain/sprain; paracervical myofasciitis/spasm; status post closed head injury without loss of consciousness with facial laceration; mild traumatic head injury' posttraumatic headaches with associated numbness and posttraumatic labyrinthine concussion. Treatment to date has included chiropractic care; physical therapy(x13); MRI right shoulder (12/31/14); CT cervical spine (1/31/14). A Utilization Review was completed on 1/30/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cold therapy unit rental for 30 days:** 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), Continuous-flow Cryotherapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder Chapter, Continuous-flow cryotherapy.

**Decision rationale:** ODG recommends up to 7 days postoperative use of continuous flow cryotherapy. The requested 30-day period of use is not supported. Therefore, medical necessity is not established for this request.

**Shoulder CPM rental for 30 days:** 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), Continuous passive motion (CPM).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder Chapter, Continuous passive motion (CPM).

**Decision rationale:** ODG does not recommend use of continuous passive motion for shoulder rotator cuff problems. Evidence of adhesive capsulitis is not documented. Medical necessity is not established for the requested CPM unit rental.