

<b>Case Number:</b>	CM15-0071497		
<b>Date Assigned:</b>	04/21/2015	<b>Date of Injury:</b>	12/04/2014
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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  
 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 is a 57 year old male, who sustained an industrial injury on December 4, 2014. He reported a right shoulder dislocation while moving pipe at work, with dislocation confirmed by x-ray with reduction performed under conscious sedation at the hospital. The injured worker was diagnosed as having status post dislocation of the right shoulder with large full-thickness rotator cuff tear, bicipital tenosynovitis, and partial-thickness subscapularis tearing. Treatment to date has included right shoulder MRI, sling support, and medication. Currently, the injured worker complains of severe right shoulder pain. The Treating Physician's report dated February 20, 2015, noted the right shoulder examination showed dramatic scapulothoracic accentuation. The injured worker was noted to be able to get to about 160 degrees with severe pain, and had a dramatic drop arm test with weakness to the supraspinatus stress test that replicated his complaints of pain. A MRI was noted to have revealed a large full-thickness rotator cuff tear at about 3cm at the footprint with significant retraction. There was an old traumatic Hill-Sachs lesion as well as subacromial bursitis and partial-thickness tearing of the subscapularis, and moderate tenderness to tenosynovitis of the long head of the biceps as well. The treatment plan was noted to include a recommendation for operative repair.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ice therapy unit purchase:** 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.

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

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of shoulder cryotherapy. According to ODG Shoulder Chapter, Continuous flow cryotherapy, it is recommended immediately postoperatively for upwards of 7 days. In this case, the request is for an unspecified number of days for the ice therapy unit. Therefore, the determination is for non-certification.