

<b>Case Number:</b>	CM15-0072051		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	01/01/2009
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2015

### 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: Minnesota, Florida  
 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 59 year old female injured worker suffered an industrial injury on 01/01/2009. She had undergone arthroscopy of the right shoulder with a rotator cuff repair on May 12, 2014 and a revision procedure was requested on 2/6/2015. This was certified and the injured worker underwent right shoulder arthroscopy with a rotator cuff repair on 3/28/2015. An associated surgical request for a Post-Op Hot/Cold Contrast Unit was non-certified by utilization review as the surgery had not been certified at that time. ODG guidelines were cited. The surgery was performed on 3/28/2015. This is a retro request for the hot/cold contrast unit which is appealed to an independent medical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-Op Hot/Cold Contrast Unit:** 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).

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

**Decision rationale:** ODG guidelines recommend continuous-flow cryotherapy for 7 days after shoulder surgery. It reduces pain, inflammation, swelling, and the need for narcotics after surgery. Use beyond 7 days is not recommended. Application of hot packs is not recommended after shoulder surgery. The request as stated is for a hot/cold contrast unit and does not specify if it is a rental or purchase and if rental, it does not specify the duration of the rental. As such, the medical necessity of the request cannot be substantiated.