

<b>Case Number:</b>	CM15-0075012		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	12/02/2011
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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: 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:

This 53 year old man sustained an industrial injury on 12/2/2011. The mechanism of injury is not detailed. Evaluations include left shoulder MRI. Diagnoses include cervical spine radiculitis with disc injury and lumbar spine myofasitis with disc injury. Treatment has included oral medications. Physician notes on a PR-2 dated 11/10/2014 show complaints of severe neck and shoulder pain rated 9/10. Recommendations include surgical intervention.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME: Q-Tech Cold Compression Unit with Cold Therapy Wraps/ Cold Compression Wrap Rental:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Shoulder - Cold Compression Therapy.

**Decision rationale:** MTUS Guidelines do not address this issue. ODG Guidelines directly address this issue and specifically do not recommend the use of a combination cold and compression unit for the shoulder. Recommended post operative use of a continuous cold unit is found in the Guidelines, but the combination unit is specifically addressed and not recommended. There are no unusual circumstances to justify an exception to Guidelines of Q-Tech Cold Compression Unit with Cold Therapy Wraps/Cold Compression Wrap Rental are not medically necessary.