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| <b>Case Number:</b>   | CM14-0143501 |                              |            |
| <b>Date Assigned:</b> | 09/10/2014   | <b>Date of Injury:</b>       | 06/09/2011 |
| <b>Decision Date:</b> | 10/20/2014   | <b>UR Denial Date:</b>       | 08/27/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/04/2014 |

### 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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 48 year old female whose date of injury is 06/09/2010. The mechanism of injury is described as taping boxes. The injured worker complains of right shoulder pain. The injured worker underwent right shoulder arthroscopy for acromioplasty and distal clavicle resection on 07/02/14 and has been recommended for postoperative Q-tech cold therapy recovery system times 30 days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME Q-Tech Cold Therapy Recovery system:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (Shoulder, Knee & Leg) Chapter, Blue Cross/ Blue Shield policy (Cooling Devices Used in the Home Setting, DME Policy No#7), and Aetna clinical policy bulletin number 540.

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

**Decision rationale:** Based on the clinical information provided, the request for DME Q-tech recovery cold therapy recovery system is not recommended as medically necessary. The injured

worker underwent right shoulder arthroscopy for acromioplasty and distal clavicle resection on 07/02/14 and has been recommended for postoperative Q-tech cold therapy recovery system times 30 days. The Official Disability Guidelines would support up to 7 days postoperative use of continuous flow cryotherapy, and there is no clear rationale provided to support exceeding this recommendation or to support the utilization of this unit at this point in time, over 3 months status post-surgical intervention.