

<b>Case Number:</b>	CM13-0037844		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	03/14/2012
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2013

### 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 Orthopedic Surgery 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 63-year-old female injured on 3/14/2012. The mechanism of injury was noted as repetitive computer use. The most recent progress note, dated 9/9/2013, indicates that there were ongoing complaints of right shoulder pain. The physical examination demonstrated right shoulder decreased range of motion, positive impingement weakness with the supraspinatus and infraspinatus muscles, supraspinatus 4-/5 with anterior deltoid substitution, infraspinatus 3/5. No recent diagnostic tests were available for review today. The previous treatment included previous right shoulder surgery, and medications to include Flexeril. A request had been made for vascutherm with cold compression for 30 days with wrap and was not certified in the pre-authorization process 10/15/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VASCUTHERM WITH COLD COMPRESSION FOR 30 DAYS WITH WRAP:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 555-556.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): ODG Treatment Integrated Treatment/Disability Duration Guidelines Shoulder (Acute & Chronic), Continuous-flow cryotherapy (updated 04/25/14).

**Decision rationale:** The ODG concerning continuous-flow cryotherapy state that it is recommended as an option after surgery, but not for nonsurgical treatment. The postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries (e.g, muscle strains and contusions) has not been fully evaluated. After reviewing the medical documentation for this injured worker, it was noted that right shoulder surgery was previously performed, but the surgery did not take place recently. The requested treatment is used as an option after surgery but not for nonsurgical or conservative treatment. Therefore, based on the documentation available, this request is deemed not medically necessary.