

<b>Case Number:</b>	CM13-0059936		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/27/2001
<b>Decision Date:</b>	04/02/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 patient is a 62-year-old female who reported an injury on 08/27/2001. The patient was noted to be undergoing a left total shoulder replacement on 11/20/2013. The specific mechanism of injury was not provided. The patient was noted to have undergone a gastric bypass on 11/12/2008, a right total knee replacement on 08/19/2010, and a right shoulder arthroplasty on 09/19/2012. The patient was diagnosed with left shoulder impingement, left rotator cuff tendinopathy, left acromioclavicular joint arthropathy, arthritis, pain-related insomnia, morbid obesity, and recent depression and development of compensatory right shoulder impingement syndrome and bilateral rotator cuff tendinopathy. The request was made for a VascuTherm cold compression unit x30 day rental postoperative.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vascutherm Cold Compression Unit x30 day rental postoperative:** 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) Treatment Index 9th Edition Web 2011

**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:** Official Disability Guidelines recommend continuous-flow cryotherapy postoperatively for use up to 7 days. The patient was to be undergoing a left total shoulder replacement on 11/20/2013. There was lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for VascuTherm cold compression unit x30 day rental post-op is not medically necessary.