

<b>Case Number:</b>	CM13-0065611		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	11/29/2011
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/13/2013

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 patient is a 58-year-old male who reported an injury on 11/29/2011. The patient was seen on 11/18/2013 for a right shoulder arthroscopy, labral debridement, glenohumeral synovectomy, subacromial decompression, arthroscopic rotator cuff repair, and Mumford distal clavicle resection. The patient was seen for a follow up exam on 11/20/2013 where it was noted the patient had tolerated the procedure well with his arm in a sling. Examination noted the patient's right shoulder had clean incisions and dry without signs of infection after removal of the post-op dressing. The treatment plan included the patient wearing his arm in a sling at all times with the exception of exercising and showering, and having the patient use a table slide exercise for circumduction.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vascutherm Hot/Cold Compression and Wrap for 30days:** 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), Shoulder Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205.

**Decision rationale:** California MTUS Guidelines state that patients at home applications of heat or cold packs may be used before or after exercises and are as effective as those performed by a therapist. Official Disability Guidelines has also been referred to in this case and states that continuous flow cryotherapy is recommended for post-operative use generally up to 7 days, including home use. The patient's procedure was performed in 11/2013, which was approximately 5 months ago. Therefore, the medical necessity for the use of this equipment is no longer indicated. The documentation does not state the patient has a history of high risk for DVT or utilizes blood thinners indicating a need for specialized compression unit use. Therefore, the requested service is not considered medically necessary and is non-certified.