

<b>Case Number:</b>	CM14-0103919		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	02/22/2013
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 Occupational 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:

This case involves a 47-year-old male who has submitted a claim for left shoulder subacromial impingement with adhesive capsulitis and internal rotation contracture associated with an industrial injury date of 2/22/2013. Medical records from 2013 to 2014 were reviewed. The patient complained of left shoulder pain, stiffness, and weakness. Pain was rated 3 to 4/10 in severity, aggravated by repetitive activity. Physical examination of the left shoulder showed positive impingement test, painful arc, and internal rotation contracture of approximately 10 degrees. Motor strength of the supraspinatus was rated 4/5. Neurovascular exam was intact. MRI of the left shoulder on 5/31/2013 showed tendinosis of the distal supraspinatus tendon without full thickness rotator cuff tear, and mild degenerative joint disease at the acromioclavicular joint with no other significant pathology. Treatment to date has included left shoulder arthroscopic subacromial decompression on 7/1/2014, physical therapy, cortisone injection, and medications. Utilization review from 7/1/2014 denied the request for 30 Day rental of Vascutherm unit with wrap because the guidelines only recommended use for up to 7 days after shoulder surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 day rental of Vascutherm unit with wrap:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in

Workers' Compensation: Integrated Treatment/Disability Duration Guidelines, Shoulder (Acute & Chronic), Continuous-flow Cryotherapy

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hands, Vasopneumatic Devices

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation the Official Disability Guideline (ODG) was used instead. ODG recommends that vasopneumatic devices are used as an option to reduce edema after acute injury. The treatment goal of vasopneumatic devices, such as intermittent compression therapy, is to reduce venous hypertension and edema by assisting venous blood flow back toward the heart. In this case, the patient underwent left shoulder arthroscopic subacromial decompression on 7/1/2014. The documentation showed that VascuTherm would be used in conjunction to physical therapy in order to decrease edema and to improve recovery time. A clear indication for the request was presented. Therefore, the request for 30 day rental of VascuTherm unit with wrap is medically necessary.