

<b>Case Number:</b>	CM14-0119237		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	05/16/2009
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 54-year-old female with a date of injury of 05/16/2009. The listed diagnoses per [REDACTED] are rotator cuff sprain/strain and pain in joint, shoulder region. According to progress report, 05/12/2014, the patient presents with continued complaints of shoulder pain. The patient has completed 24 sessions of physical therapy with minimal relief. Physical examination revealed decreased range of motion. She has positive Tinel's and Phalen's at the right wrist. Review of the medical file indicates the patient has received certification for a total reverse shoulder arthroplasty. The provider is requesting a VascuTherm cold therapy unit. Utilization review denied the request on 06/30/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vascutherm Cold Therapy Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

**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:** The provider is requesting a VascuTherm cold therapy unit. Utilization review modified the certification to a 7-day rental. The MTUS and ACOEM guidelines do not discuss cold therapy units. Therefore, the Official Disability Guidelines are referenced. The Official Disability Guidelines has the following regarding continuous-flow cryotherapy: "Recommended as an option after surgery but not for nonsurgical treatment. 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 use. However, the effectiveness on more frequently treated acute injuries has not been fully evaluated." The MTUS Guideline recommends the duration of postoperative use of continuous-flow cryotherapy to be 7 days. In this case, the use of the cold therapy unit outside of the postoperative 7 days is not medically necessary and given there are no discussion on the duration of use, this request is not medically necessary.