

<b>Case Number:</b>	CM14-0025709		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	07/15/2011
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 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 28-year-old male who reported an injury on 07/15/2011. The injury occurred when his right hand became entrapped in a machine and was pulled, injuring his right shoulder. On 01/07/2014, the injured worker presented with right hand and right shoulder pain. Upon examination of the right shoulder, the range of motion values were 100 degrees of flexion, 80 degrees of abduction, 20 degrees of external rotation, 80 degrees of internal rotation, and 50 degrees of extension. There was tenderness to palpation over the AC joint, and the lateral right shoulder. The provider stated that it was hard to examine the deltoid because of guarding and pain. The diagnoses were right shoulder adhesive capsulitis status post arthroscopic surgery x2, lumbar strain, and chest wall contusion. Prior therapy included medications, surgery, physical therapy, and home exercise. The provider recommended additional VascuTherm for cold compression x30 days, the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VASCUTHERM FOR COLD COMPRESSION X 30 DAYS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC, Shoulder Procedure Summary and Joint Commission Quality Patient Safety 2011 Apr., 37(4): 178-83.

Venous Thromboembolism Prophylaxis in Surgical Patients: Identifying a Patient Group to Maximize Performance Improvement.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Game Ready accelerated recovery system.

**Decision rationale:** The Official Disability Guidelines recommend a Game Ready accelerated recovery system, similar to a VascuTherm cold compression, as an option after surgery, but not for nonsurgical treatment. The system combines continuous-flow cryotherapy with the use of vasocompression. There are studies on continuous-flow cryotherapy, there are no published on Game Ready device or any other combined system. The included medical documentation stated the injured worker underwent right shoulder arthroscopy on 11/26/2013, and that the injured worker has already been approved for 7 days of the VascuTherm cold compression unit rental. The guidelines recommend postoperative use for up to 7 days, including home use. The provider's request for an additional 30 days of the VascuTherm cold compression exceeds the recommendations of the guidelines. As such, the request is not medically necessary.