

<b>Case Number:</b>	CM14-0041102		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	08/11/2010
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	03/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2014

### 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 and is licensed to practice in Nevada. 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 records presented for review indicate that this an 61 year old female who was reportedly injured on August 11, 2010. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated March 26, 2014, indicates that there are ongoing complaints of right shoulder pain. The physical examination demonstrated healing surgical scars, no signs of infection, and a normal postoperative state. Diagnostic imaging studies were not reviewed. Previous treatment included shoulder arthroscopy in March 2014. A request had been made for vascutherm unit and was not certified in the pre-authorization process on March 31, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-op Vascutherm unit rental X14 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 cold compression therapy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**Decision rationale:** When noting the date of injury, the date of surgery, the type of surgery completed and the complete lack of any literature demonstrating the efficacy or utility of such a device in ACOEM guidelines, there is insufficient clinical rationale to support the medical

necessity of this request. Also referenced was the ODG, and while noting that this is an option after surgical intervention, only 7 days are supported. Therefore, this request is not medically necessary.

**Vascutherm wrap for right shoulder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.