

<b>Case Number:</b>	CM14-0042689		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	05/08/2012
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	03/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2014

### 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 41-year-old male with a date of injury of 05/08/2011. The listed diagnoses per The physician are: 1. Rotator cuff sprain/strain. 2. Adhesive capsulitis of shoulder. 3. Other affections, shoulder region NEC. 4. Osteoarthritis of the shoulder. According to progress report 03/11/2014 by The physician, the patient presents with left shoulder pain, stiffness, and weakness, and left-sided neck pain. Physical examination of the patient's left shoulder demonstrated active abduction to 160 degrees with positive impingement and painful arc of range of motion. There was pain to palpation over the AC joint. There was positive cross body abduction. This report indicates the plan of treatment is to proceed with the left shoulder diagnostic arthroscopy and bursoscopy, subacromial decompression, posterior capsular release as the patient has attempted conservative modalities and have failed. Request for authorization from 03/11/2014 requests 30-day postop VascuTherm for cold compression. Utilization review on 03/18/2014 modified certification from 30 days to 7 days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vascutherm for cold compression rental 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.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Official Disability Guidelines (ODG), Cold Shoulder, Knee, and Foot/Ankle.

**Decision rationale:** This patient presents with left shoulder subacromial impingement type 2 with adhesive capsulitis and internal rotation contracture. Medical records indicate the patient underwent left shoulder arthroscopy correction surgery on 03/18/2014. The the physician is requesting VascuTherm for cold compression for 30 days (rental). The MTUS and ACOEM guidelines do not discuss cold therapy units. Therefore, ODG Guidelines are referenced. ODG 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 physician has recommended this therapy for 30 days. Recommendation is for denial. days. In this case, the physician has recommended this therapy for 30 days. Recommendation is for denial.