

<b>Case Number:</b>	CM14-0208591		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	05/01/2012
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	12/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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 Arizona. 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 51 year old male who got injured on 5/1/2012. The injured worker was in his usual course of duties using a jack hammer to break up cement when he noticed sharp pain in both shoulders. 5/1/2012 he was evaluated in urgent care, x-rays and MRIs of his shoulders were obtained and he was started on conservative management which included medications and physical therapy with some benefit. He also received acupuncture with some benefit. MRI dated 7/9/12 revealed full thickness, full width tear of the supraspinatus tendon with 32mm-35mm medial retraction to the joint line bilaterally, there was also some supraspinatus muscle atrophy and multiple tendinoses found bilaterally. He had surgery for his shoulders, right shoulder arthroscopy, open subacromial decompression, open Mumford distal clavicle excision and open rotator cuff repair on 9/4/2012 and left shoulder arthroscopic debridement of superior anterior and inferior glenohmeral labral tears, debridement of undersurface left rotator cuff tear, open sub-acromial decompression, open Mumford distal clavicle excision and open rotator cuff repair on 1/29/2013. On 11/6/14 He was seen by his primary treating physician for left shoulder pain and weakness, his left shoulder exam revealed painful arc with sub-acromial crepitus, nearly full range of motion and weakness to resisted range of motion. On 11/21/2014 he again underwent left shoulder arthroscopy with extensive debridement. During his post-operative office visit dated 11/24/2014 it was noted that his incisions were clean and dry, intact, no sign of infection, no rsd, N/V intact. The request is for Extension of VascuTherm-4 Unit for an additional 21 days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Extension of VascuTherm-4 Unit for an additional 21 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 Citation Official Disability Guidelines (ODG), shoulder, continuous flow cryotherapy

**Decision rationale:** The MTUS did not specifically address the issue of post-operative cryotherapy and therefore, other guidelines were consulted. Per the Official Disability Guidelines, continuous flow cryotherapy is 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 usage; Continuous-flow cryotherapy units provide regulated temperatures through use of power to circulate ice water in the cooling packs. Complications related to cryotherapy (i.e., frostbite) are extremely rare but can be devastating. The post-operative physical exam did not reveal any indications for additional cryotherapy; therefore, the request for extension of VascuTherm-4 Unit for an additional 21 days is not medically necessary.