

<b>Case Number:</b>	CM15-0003695		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	02/16/2012
<b>Decision Date:</b>	03/09/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Emergency Medicine

### 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 46-year-old female, who sustained an industrial injury on 02/16/2012. The diagnoses have included rotator cuff sprain and strain, carpal tunnel syndrome, adhesive capsulitis of shoulder, calcifying tendinitis of shoulder, and lateral epicondylitis of elbow. Treatments to date have included carpal tunnel release on 09/10/2012, cervical fusion on 08/02/2008, prior physical therapy, home exercise program, and medications. Diagnostics to date have included electromyography/nerve conduction studies, which indicated right carpal tunnel syndrome, deQuervain's syndrome, and median nerve neuropathy. MRI of upper extremity and neck showed deQuervain's syndrome and some tendinopathy of her right elbow at the triceps insertion at the elbow, cervical demonstrated degenerative disk disease at C5-6 and C4-5 levels above and below her fusion. In a progress note dated 12/19/2014, the injured worker presented with complaints of right shoulder pain, stiffness, and weakness. The treating physician reported the injured worker has failed conservative modalities at this time and would like to proceed with a right shoulder arthroscopy and bursoscopy, capsular release, subacromial decompression, and other corrections determined at the time of surgery, which was scheduled for 12/30/2014. Utilization Review determination on 12/24/2014 non-certified the request for Vascutherm for Cold Compression 30 day rental citing California Medical Treatment Utilization Schedule.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VascuTherm for Cold Compression (30-day rental): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 367-377.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute and Chronic)

**Decision rationale:** Review of online Thermotek website reveals that Vascutherm is a device that provides cold/hot therapy, compression and DVT prophylaxis. The provider has not documented what function of the device is to be used. Since it was requested for post-operative use over operated shoulder, assumption is that it is for continuous cold therapy. As per Official Disability Guidelines (ODG), continuous flow cryotherapy is recommended as a post-surgical option as it may decrease inflammation, pain and swelling. ODG only recommends up to 7days of use. This request is for 30days which does not meet guidelines. There is also no documentation or Utilization Report showing approval for the requested surgery. Vascutherm for R shoulder rental for 30days is not medically necessary whether the surgery was approved or not.