

<b>Case Number:</b>	CM15-0005922		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	04/29/2009
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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: Preventive Medicine, Occupational 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 a female who sustained an industrial injury on 4/9/09. The injured worker reported symptoms in the right shoulder. The diagnoses included adhesive capsulitis right shoulder, diabetes mellitus and dyslipidemia. Treatments to date have included status post two level fusion, physical therapy, cortisone injections, and oral pain medications. Provider documentation dated 11/21/14 noted the injured worker presents with a "pain and stiffness" in the shoulder, the treating physician is requesting Vascutherm Cold Therapy Unit for post operative use after arthroscopic lysis and manipulation under anesthesia. On 12/30/14, Utilization Review non-certified a request for Vascutherm Cold Therapy Unit. The MTUS, ACOEM Guidelines, (or ODG) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vascutherm Cold Therapy Unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder (Acute and Chronic) Procedure Summary Cold Compression

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.  
Decision based on Non-MTUS Citation ODG Shoulder

**Decision rationale:** MTUS Guidelines do not address the need for shoulder post operative continuous cryotherapy. ODG Guidelines address this issue in detail. The requested unit includes a combination compression and cold therapy. Guidelines generally discourage the use of compression for the shoulder unless there are identified risk factors for thromboembolism and the Guidelines allow for some leeway for the surgeon to request compression. The requesting physician does not provide any rationale to support compression plus continuous cooling. Guidelines also state that post operative use should be limited to 7 days and no time span is noted as part of the request. Under these circumstances, no rationale for compression and no limitation on length of use, the request for the Vascutherm Cold Therapy Unit is not consistent with Guidelines and is not medically necessary.