

<b>Case Number:</b>	CM15-0101287		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	03/15/2013
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 53 year old male with a March 15, 2013 date of injury. A progress note dated March 5, 2015 documents subjective findings (currently doing well following arthroscopic rotator cuff repair of the left shoulder on February 23, 2015; pain is minimal), objective findings (incision is well approximated, no evidence of infection; neurovascular intact distally), and current diagnoses (rotator cuff tear status post repair). Treatments to date have included medications, shoulder immobilizer, previous shoulder surgery, and imaging studies. The treating physician documented a plan of care that included Vascutherm rental for fourteen days and purchase of associated supplies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vascutherm x 14 day rental and purchase of compression pad:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel, Continuous cold therapy; Official Disability Guidelines (ODG), Shoulder, Cold compression therapy, Venous thrombosis.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, pages 909-910.

**Decision rationale:** The Vascutherm device provides heat and cold compression therapy wrap for the patient's home for indication of pain, edema, and DVT prophylaxis for post-operative orthopedic patients. The patient underwent surgical procedure and the provider has requested for this hot/cold compression unit. Submitted reports have not demonstrated any obesity condition, smoking history, or intolerance to anticoagulants in the prevention of DVT nor identified how the procedure would prevent the patient from mobility post surgery. Rehabilitation to include mobility and exercise are recommended post-surgical procedures as a functional restoration approach recommended by the guidelines. MTUS Guidelines is silent on specific use of cold compression therapy with pad and wrap, but does recommend standard cold pack for post exercise. ODG Guidelines specifically addresses the short-term benefit of cryotherapy post-surgery; however, limits the use for 7-day post-operative period as efficacy has not been proven after. The Vascutherm 14-day rental and purchase of compression pad is not medically necessary and appropriate.