

<b>Case Number:</b>	CM15-0162943		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	11/07/1999
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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 is a 48 year old male, who sustained an industrial injury on 11-7-99. He has reported initial complaints of bilateral shoulder injuries. The diagnoses have included status post left shoulder cuff treatment, lysis of adhesions and subacromial decompression with mini open biceps tenodesis. Treatment to date has included medications, diagnostics, left shoulder surgery, sling, injections, physical therapy, and other modalities. Currently, as per the physician progress note dated 7-30-15, the injured worker is status post left shoulder surgery on 7-17-15 and doing well. He has moderate pain with guarded motion and afraid to move the shoulder too much. He is also using a sling. The diagnostic testing that was performed included X-ray of the left shoulder. The current medication included Percocet. The objective findings-physical exam of the left shoulder reveals that forward flexion is about 70 degrees and passive flexion is about 90-100 degrees. There are some healing stitches noted with some mild erythema and no signs of infection. The physician recommended physical therapy, medication with decreased dose, and use of sling for 2 more weeks and then weaning out of the sling daily for range of motion. Work status is permanent disability. The physician requested treatment included Vascutherm for cold compression for 30 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 for 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 (ODG), Knee and Leg Chapter, 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/Cold Compression Therapy Section.

**Decision rationale:** The MTUS Guidelines do not address the use of cold compression therapy for the shoulder. The ODG does not recommend the use of cold compression therapy for the shoulder, as there are no published studies. As cold compression is not supported by the established guidelines, the request for vascultherm for cold compression for 30 days is not medically necessary.