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| <b>Case Number:</b>   | CM15-0169539 |                              |            |
| <b>Date Assigned:</b> | 09/16/2015   | <b>Date of Injury:</b>       | 02/18/2013 |
| <b>Decision Date:</b> | 10/15/2015   | <b>UR Denial Date:</b>       | 08/04/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/28/2015 |

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 57 year old female who sustained an industrial injury on 2-18-13. A review of the medical records indicates she is undergoing treatment for SLAP tear right shoulder, status post right carpal tunnel release, and upper extremity tendonitis. Medical records (6-1-15 to 7-13-15) indicate ongoing complaints of right greater than left shoulder pain and bilateral hand pain. The shoulder pain is "made worse with activity" (6-1-15). The physical exam reveals anterior glenohumeral joint line tenderness on the right and a "positive O'Brien's". Diagnostic studies have included an MRI of the right shoulder and an MR Arthrogram of the right shoulder. Treatment has included physical therapy, which "proved to be unsuccessful" (7-13-15). The treatment recommendation is for right shoulder arthroscopy, labral repair, assistant surgeon, postoperative physical therapy, and postoperative analgesic medication. The request for authorization includes Vascutherm x 21 days. The utilization review (8-4-15) indicates denial of the requested treatment, indicating that the guidelines do not recommend cold compression therapy for the shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Rental of Vascutherm unit for 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 (ODG). shoulder chapter.

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

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. The ACOEM does recommend the at home local application of cold packs the first few days after injury and thereafter the application of heat packs. The Official Disability Guidelines section on cryotherapy states: Recommended as an option after surgery but not for non-surgical treatment. The request is for post-surgical use however the time limit for request is in excess of recommendations. Per the ODG, cold therapy is only recommended for 7 days post operatively. Also the surgery does not have recommendations for cold compression per the ODG. The request is in excess of this amount and therefore is not medically necessary.