

<b>Case Number:</b>	CM15-0196397		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	05/16/2014
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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: Texas, Florida, 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 47 year old female, who sustained an industrial injury 5-16-2014. The injured worker was being treated for right rotator cuff tear, right biceps tear, and partial tear of the right subscapularis tendon. Medical records (6-10-2015 to 9-11-2015) indicate ongoing right shoulder pain over 4 months. Her pain is worse with overhead activity or lifting and better with rest. The physical exam (9-11-2015) reveals improved right shoulder flexion and abduction. There are positive subscap push-off, supraspinatus, Speed's, O'Brien's, and Yergason tests. There are positive impingement signs, supine abduction external rotation to 85 degrees with internal rotation to 85 degrees, and a positive abdominal press test. On 7-17-2015, an MRI of the right shoulder revealed severe tendinitis or partial tear of the rotator cuff tendon, biceps tendon tear, and a partial tear of the subscapularis tendon. There are degenerative changes of the acromioclavicular joint. Treatment has included steroid injections, work restrictions, and medications anti-epilepsy, proton pump inhibitor, and non-steroidal anti-inflammatory. Per the treating physician (9-16-2015 report), the employee was returned to work with modified duties that include no lifting or carrying over 10 pounds. The treatment plan includes surgical repair of right rotator cuff, biceps, and partial subscapularis tendon tears. On 9-18-2015, the requested treatments included a Vascutherm intermittent pneumatic hot and cold compression unit x 30 days. On 9-29-2015, the original utilization review non-certified a request for a Vascutherm intermittent pneumatic hot and cold compression unit x 30 days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vascutherm Intermittent Pneumatic Hot and Cold Compression Unit x 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.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

**Decision rationale:** American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Page 48 of ACOEM, under Initial Approach to Treatment notes: This claimant was injured in 2014 with right rotator cuff tear, right biceps tear, and partial tear of the right subscapularis tendon. Medical records (6-10-2015 to 9-11-2015) indicate ongoing right shoulder pain over 4 months. On 7-17-2015, an MRI of the right shoulder revealed severe tendinitis or partial tear of the rotator cuff tendon, biceps tendon tear, and a partial tear of the subscapularis tendon. There are degenerative changes of the acromioclavicular joint. Treatment has included steroid injections, work restrictions, and medications anti-epilepsy, proton pump inhibitor, and non-steroidal anti-inflammatory. Surgical repair was planned. A Vascutherm compression unit is a hot and cold therapy pump. This durable medical equipment item is a device to administer regulated heat and cold. However, the MTUS/ACOEM guides note that "during the acute to subacute phases for a period of 2 weeks or less, physicians can use passive modalities such as application of heat and cold for temporary amelioration of symptoms and to facilitate mobilization and graded exercise. They are most effective when the patient uses them at home several times a day". More elaborate equipment than simple hot and cold packs are simply not needed to administer heat and cold modalities; the guides note it is something a claimant can do at home with simple home hot and cold packs made at home, without the need for such equipment. As such, this DME would be superfluous and not necessary, and not in accordance with MTUS/ACOEM. The request is not medically necessary.