

<b>Case Number:</b>	CM15-0209532		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	07/01/2015
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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, Hawaii

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 injured worker is a 50 year old male, who sustained an industrial injury on 07-01-2015. The injured worker was diagnosed as having right shoulder pain, strain of muscle-tendon the rotator cuff on right, biceps tendon rupture - right and right rotator cuff tear. On medical records dated 08-24-2015 and 09-02-2015, the subjective complaints were noted as right shoulder pain. Objective findings were noted as right shoulder tenderness at AC joint and biceps tendon with positive Neer's and Hawkins. Right shoulder range of motion was decreased. Treatment to date included medication and injections. The provider requested surgical intervention. Current medications were listed as Ultracet. The Utilization Review (UR) was dated 09-24-2015. A Request for Authorization was dated 09-04-2015. The UR submitted for this medical review indicated that the request for post-operative 14-day rental of vascutherm cold therapy unit was modified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative 14 day rental of 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 Official Disability Guidelines (ODG), Shoulder Chapter, Continuous flow cryotherapy.

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

**Decision rationale:** The patient presents with pain affecting the right shoulder. The current request is for Post-operative 14-day rental of vascultherm cold therapy unit. The MTUS guidelines do not address the current request. The ODG guidelines state the following regarding Continuous-flow cryotherapy of the shoulder: "Recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use." In this case, the current request of 14 days exceeds the 7 days recommended by the ODG guidelines in the shoulder chapter. The current request is not medically necessary.