

<b>Case Number:</b>	CM15-0036219		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	06/05/2013
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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: Arizona, Texas

Certification(s)/Specialty: Internal 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 45 year old male, who sustained an industrial injury on 6/5/2013. The diagnoses have included left chronic distal biceps tendon rupture, left hand numbness, left carpal tunnel syndrome and left shoulder sprain/strain. Treatment to date has included physical therapy and medication. According to the Primary Treating Physician's Progress Report dated 1/16/2015, the injured worker complained of pain in the left shoulder, left biceps, left forearm, left elbow, bilateral wrists and hands. Exam of the left shoulder revealed deformity of the left biceps with proximal bunching. Exam of the right shoulder revealed slight decreased range of motion and tenderness over the acromioclavicular (AC) joint. Exam of the left elbow showed tenderness to the medial epicondyle. Exam of the bilateral wrists revealed decreased grip strength. Physician discussion noted that the injured worker had persistent decreased functionality and pain. Authorization was requested for an extension of the previously authorized surgery. A prescription was given for Ultram. On 2/12/2015 Utilization Review (UR) non-certified a request for a Vascutherm pneumatic compression therapy rental for 14 days and a compression therapy pad. The Official Disability Guidelines (ODG) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vascutherm pneumatic compression therapy for a fourteen day rental and compression therapy pad: 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), Cervical, Shoulder, Lumbar and Knee Chapters.

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

**Decision rationale:** The MTUS is silent regarding continuous-flow cryotherapy. According to the ODG chapter on cervical and shoulder, continuous-flow cryotherapy (such as vasotherm pneumatic compression therapy with compression therapy pad) is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage. In this case the device is requested for 14 days which is not the recommended amount of time. Therefore the request is not medically necessary.