

<b>Case Number:</b>	CM15-0055134		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	03/03/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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, Indiana, New York  
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 31 year old female, who sustained an industrial injury on 03/03/2014. She reported that she struck her right shoulder against a pallet of product. The injured worker was diagnosed as having recurrent dislocation of the right biceps tendon, transverse ligament rupture, and bicipital tendinosis. Treatment to date has included laboratory studies, physical therapy, injection, and magnetic resonance imaging. In a progress note dated 01/12/2015 the treating physician reports complaints of severe pain along with a constant catching and locking with abduction and external rotation. The treating physician requested Vascutherm hot/cold compression intermittent therapy with 30 on and 30 off for 30 days noting that the injured worker requires surgery with a repair of the transverse ligament and possible biceps tenodesis, but the documentation did not indicate the specific reason for use with the requested equipment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vascutherm hot/cold compression intermittent therapy: 30 on 30 off 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), shoulder chapter, cold compression therapy.

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

**Decision rationale:** Pursuant to the Official Disability Guidelines, Vascutherm hot/cold compression intermittent therapy 30 minutes on and 30 minutes off times 30 days is not medically necessary. Continuous flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use may be for up to 7 days, including home use. In the post operative setting, continuous flow cryotherapy units have been proven to decrease pain, inflammation, swelling and narcotic use; however the effect on more frequently treated acute injuries has not been fully evaluated. In this case, the injured worker's working diagnoses are recurrent dislocation right biceps tendon; transverse ligament rupture; bicycle tendinosis; rotator cuff tear; massive ganglion, right shoulder; impingement syndrome; and bicipital tendinitis. The documentation in the medical record includes a preoperative report dated January 12, 2014. There was no request for the Vascutherm unit. The request for said don't do it authorization was dated February 23, 2015. The Vascutherm unit appeared on the request for authorization. The surgical date was March 12, 2014 and there was no request for the vascutherm unit. One week postoperatively on March 20, 2015, there was no request for the vascutherm unit. The vascutherm unit is a continuous flow cryotherapy unit. The guidelines recommend its use for up to seven days. The treating physician requested 30 days. This is inconsistent with the recommended guidelines. Consequently, absent clinical documentation with a request for the Vascutherm hot/cold compression therapy unit pursuant to the recommended guidelines for 7 days, Vascutherm hot/cold compression intermittent therapy 30 minutes on and 30 minutes off times 30 days is not medically necessary.