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| <b>Case Number:</b>   | CM15-0058555 |                              |            |
| <b>Date Assigned:</b> | 04/03/2015   | <b>Date of Injury:</b>       | 06/15/2012 |
| <b>Decision Date:</b> | 05/08/2015   | <b>UR Denial Date:</b>       | 03/10/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/27/2015 |

### 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

Certification(s)/Specialty: Orthopedic Surgery, Hand Surgery, Sports 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 54-year-old female, who sustained an industrial injury on 6/15/2012 to both upper extremities. The current diagnoses are massive rotator cuff tear with significant retraction, left shoulder, status post arthroscopy of the left shoulder (1/23/2015), and status post arthroscopy with rotator cuff repair of the right shoulder (1/26/2013). According to the most current progress report dated 11/11/2014, the injured worker complains of significant pain and discomfort in the left shoulder. The current medications are Naproxen, Vicodin, and Aleve. Treatment to date has included medication management, MRI/MRA of the shoulders, elbow surgery, therapy, chiropractic and surgery on both shoulders. The plan of care includes purchase compression pad for vascultherm for the shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compression pad for vascultherm for right shoulder, purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter, Continuous Flow Cryotherapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation J Shoulder Elbow Surg. 2015 Mar 27. pii: S1058-2746(15)00077-4. doi: 10.1016/j.jse.2015.02.004. [Epub ahead of print]Compressive Cryotherapy Versus Ice-A Prospective, Randomized Study on Postoperative Pain in Patients Undergoing Arthroscopic Rotator Cuff Repair or Subacromial Decompression. Kraeutler MJ1, Reynolds KA2, Long C2, McCarty EC2.

**Decision rationale:** The request is for a motorized cold-compression unit following rotator cuff repair surgery. The recent prospective randomized study cited above of compressive cryotherapy compared to ice after rotator cuff surgery found no benefit of the cold compressive therapy. There is no scientific support for the requested device, which is therefore determined to be not medically necessary.