

<b>Case Number:</b>	CM15-0089320		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	06/07/2013
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	04/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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: Pennsylvania, Ohio, California  
 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 61 year old female sustained an industrial injury on 6/7/13. She subsequently reported right shoulder pain. Diagnoses include right acromioclavicular osteoarthritis, right supraspinatus tendinosis, biceps strain and right shoulder impingement/ bursitis. Treatments to date include x-ray and MRI testing, shoulder surgery, physical therapy, injections, chiropractic care and prescription pain medications. The injured worker continues to experience right shoulder pain. On examination, there is diffuse tenderness to palpation, there is no skin hypersensitivity, there is pain with range of motion. Range of motion is within normal limits, normal sensation is noted. A request for Vascutherm (cold compression unit) 30 day rental with compression therapy pad purchase (right shoulder) was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vascutherm (cold compression unit) 30 day rental with compression therapy pad purchase (right shoulder): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder 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/Continuous-flow cryotherapy.

**Decision rationale:** MTUS does not discuss this topic. ODG recommends continuous-flow cryotherapy for rental up to 7 days but not for longer use. Treatment guidelines do not recommend 30 day use of cold compression for the shoulder; the records do not provide an alternate rationale for the request. The request is not medically necessary.