

<b>Case Number:</b>	CM14-0122859		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	01/29/2013
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 60-year-old female who reported an injury on 01/29/2013 reportedly while at work at school she tripped over a cart with her books. She fell and twisted as she had hit the ground, sustaining injuries to her left shoulder, right chest wall, and left wrist. The injured worker's treatment history included cortisone injections, physical therapy, NSAIDs, topical analgesic creams, home exercise program, MRI studies, x-rays, and surgery. The injured worker had surgery on 06/09/2014 to repair left shoulder rotator cuff tear with impingement, and acromioclavicular joint arthrosis. Postoperative diagnoses included undersurface extensive rotator cuff tear, less than 50%, impingement syndrome, synovitis, glenohumeral joint, acromioclavicular joint arthrosis, left shoulder arthroscopic surgery with rotator cuff repair, acromioplasty, acromioclavicular joint resection, synovectomy, glenohumeral joint, and bursectomy. The Request for Authorization was not submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro (7-16-2014) Vascutherm cold compression unit 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)-CTU Post-Op Rental Days Allowed.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulders (Acute & Chronic) Cold Therapy & Continuous Flow Cryotherapy.

**Decision rationale:** The Official Disability Guidelines (ODG) does recommend cold/heat packs therapy for the shoulders 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; however, the effect on more frequently treated acute injuries (e.g., muscle strains and contusions) has not been fully evaluated. Continuous-flow cryotherapy units provide regulated temperatures through use of power to circulate ice water in the cooling packs. Complications related to cryotherapy (i.e., frostbite) are extremely rare but can be devastating. The request submitted exceeds recommended amount of time for rental. In addition, the request failed to indicate the location where hot/cold therapy is required for the injured worker. As such, for Retro (07/16/2014) VascuTherm cold compression unit X 30 days is not medically necessary.