

<b>Case Number:</b>	CM14-0141842		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	10/26/2013
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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 Internal Medicine and is licensed to practice in California. 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 44-year-old male who reported an injury of unknown mechanism on 10/26/2013. On 07/24/2014, his diagnoses included right shoulder mild adhesive capsulitis, distal clavicle arthritis, rotator cuff tear, and biceps tendinosis with loose body. He underwent an arthroscopy and removal of loose body, synovectomy, debridement of labrum and capsular release, rotator cuff repair, subacromial decompression, and distal clavicle excision. On 08/04/2014, he was status post arthroscopy and there was no sign of infection over the surgical incision and no evidence of DVT in his lower extremities. The recommendation was for the VascuTherm for 4 more weeks. On 08/25/2014, he was continuing in his postoperative recovery. At that time, the recommendation was for physical therapy. There was no rationale or request for authorization included in this worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vascultherm Cold Unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG; section: rotator cuff syndrome subsection under DME: Cryotherapy "Continuous - flow cryotherapy days, including home use."

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

**Decision rationale:** The request for Vascutherm Cold Unit is not medically necessary. The Official Disability Guidelines do not recommend cold compression therapy for the shoulder as there are no published studies. Cold packs however, are recommended. The need for a particular type of cold unit over cold packs was not clearly demonstrated in the submitted documentation. Additionally, the body part or parts to have been treated were not included in the request. Furthermore, there was no frequency of application. Therefore, this request for Vascutherm Cold Unit is not medically necessary.