

<b>Case Number:</b>	CM14-0160646		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	10/26/2013
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2014

### 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 and Rehabilitation and is licensed to practice in Texas . 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:

Medical records reflect the claimant is a 45 year old female who sustained a work injury on 10-26-13. The claimant underwent arthroscopic surgery for the left shoulder. Medical Records reflect the claimant has been provided with physical therapy. Office visit on 9-23-14 notes the claimant will have her sutures removed and recommendations made for postop physical therapy. The claimant was continued on medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vascutherm 4, 21 day extension:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder chapter - continuous flow cryotherapy

**Decision rationale:** ODG notes that continuous flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days. There is an absence in documentation noting that this claimant required cryotherapy for 21 days

postop. There is no documentation of extenuating circumstances or postop complications that would require cryotherapy for such prolonged period. Therefore, the medical necessity of this request is not established.