

<b>Case Number:</b>	CM14-0170475		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	09/20/2012
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2014

### 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 Orthopedic Surgery and is licensed to practice in New York. 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 patient injured his right shoulder in September 20, 2012. The patient has chronic right shoulder pain. The patient does not respond to conservative measures to include pain medications. The patient has been approved for right shoulder arthroscopy. At issue is whether cold compression unit 30 day rental is medically necessary. Also at issue is whether elevated off supports medically necessary.

### 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:** 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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ODG shoulder chapter.

**Decision rationale:** The request for cold compression unit 30 to rental is not medically necessary. ODG guidelines recommend only 7 days of cold therapy after shoulder surgery. Also there are no peer review studies that demonstrate that longer use of cold therapy is medically

necessary. 30 day use of cold therapy unit not medically necessary and not consistent with recommended guidelines.

**Elevated Arm Support:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Postoperative Abduction Pillow Sling

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ODG shoulder chapter.

**Decision rationale:** There are no medical peer reviewed literature studies to recommend elevated arm support after shoulder surgery in patients who do not have massive rotator cuff tears. There is no literature to suggest that elevated arm support improves outcomes after shoulder surgery. The patient has not been diagnosed with complete rotator cuff tear. Medical necessity for elevated arm support is not met and not supported by ODG guidelines.