

Case Number:	CM14-0183887		
Date Assigned:	11/10/2014	Date of Injury:	07/16/2011
Decision Date:	12/15/2014	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/04/2014

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 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 63 year old male who sustained a work injury on 7-16-11. The claimant had undergone right shoulder arthroscopic rotator cuff repair, long head of the biceps tenotomy, and tenodesis and subacromial decompression on 1-10-12. The claimant had a redo rotator cuff repair on 11-4-13. Medical Records reflect that on 10-28-14, the claimant underwent arthroscopic rotator cuff repair with superior capsular release, subacromial decompression, burcoscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rental of vasotherm cold compression with wrap for 16 days: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

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, 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 (eg, muscle strains and contusions) has not been fully evaluated. There is an absence in documentation noting extenuating circumstances to support 16 days of vasotherm cold compression when guidelines supports up to 7 days. Therefore, the medical necessity of this request is not established.