

<b>Case Number:</b>	CM14-0213164		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	11/08/2011
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

### 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 70-year-old female who reported an injury on 11/08/2011. The mechanism of injury was not provided. The current diagnoses include left shoulder displacement, multipart humeral head fracture, and status post likely open reduction and internal fixation of the humeral head fracture with allograft. On 11/11/2014, the injured worker presented with pain to the left shoulder that increased upon lifting, carrying, pushing, and pulling. Examination of the left shoulder revealed a healed scar. There was tenderness to palpation over the subacromial region, supraspinatus tendon, acromioclavicular joint, parascapular musculature, and upper trapezius muscles. Muscle testing of the left shoulder revealed 4/5 with muscle weakness in all planes. The provider recommended a Vascutherm cold therapy unit. It was noted that the injured worker was pending shoulder surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vascutherm / cold therapy unit:** 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), 12th Edition, Shoulder section, 2013, continuous flow cryotherapy

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Game Ready Device.

**Decision rationale:** The Official Disability Guidelines indicate that a Gameready accelerated recovery system is similar to a VascuTherm device for surgical treatment. The guidelines recommend a 7 day rental following surgery, including home use. The current request does not specify whether the cold therapy unit is to be rented or purchased. There is no frequency or duration of treatment listed in the request. Therefore, the request is not medically appropriate.