

<b>Case Number:</b>	CM14-0217025		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	08/19/2014
<b>Decision Date:</b>	03/05/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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 41-year-old male who reported an injury on 08/19/2014. The mechanism of injury reportedly occurred while the injured worker was lifting 70 pound riot gear into his patrol vehicle. His pertinent diagnoses include a right ruptured distal biceps tendon. His past treatments have included a 7 day rental of a cold therapy unit, medications, a shoulder sling, and 24 visits of postoperative physical therapy for the right shoulder. His surgical history includes a right distal biceps tendon repair on an unknown date. The injured worker presented on 11/17/2014 with complaints of right arm pain. On physical examination, he had obviously had a distally ruptured biceps. His flexion and extension were good; however, he was weak with supination. He had a good radial pulse and it was intact. His current medication regimen was not included in the documentation submitted for review. The treatment plan included surgery as soon as possible. The rationale for the request was the MRI that the injured worker had brought in from the outside was 1 of the worst of 10 MRIs the physician has seen and was read as a rupture with retraction but clinically it was seen as a biceps rupture. A Request for Authorization was not provided within the documentation submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: Seven (7) day rental of Vascutherm cold therapy unit: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation ODG-TWC Shoulder Procedure Summary updated 8/27/2014 continuous-flow cryotherapy; cold compression

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211, Chronic Pain Treatment Guidelines Home Health Services Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Continuous-flow cryotherapy.

**Decision rationale:** The request for associated surgical service: 7 day rental of Vascutherm cold therapy unit is not medically necessary. The injured worker has right arm pain. The Official Disability Guidelines recommend continuous flow cryotherapy as an option after surgery but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. The documentation submitted for review includes a previous prior determination of a Vascutherm cold therapy unit 7 day rental that was not supported by the evidence based guidelines. Additionally, the documentation submitted for review shows evidence of a recommendation of partial certification of a 7 day rental of a standard cold therapy unit. Moreover, cold compression therapy is not recommended for the shoulder by the guidelines. Given the above, the request for associated surgical service: 7 day rental of Vascutherm cold therapy unit remains not medically necessary.