

<b>Case Number:</b>	CM14-0056390		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	11/12/2012
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/25/2014

### 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 Surgeon and is licensed to practice in California. 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:

This is a 42 year old male with a work related left shoulder injury after a falling off a ladder at work on 11/12/2012. Diagnoses include left shoulder long head biceps tendinosis, impingement, and AC joint arthritis. According to a preoperative medical examination dated 04/14/2014, the injured worker has ongoing left shoulder pain requiring left shoulder arthroscopy on 04/18/2014. Previous treatments have included physical therapy, medications, and intra-articular joint injection, which is noted to have helped decrease some of the pain and improve range of motion. Work status is noted as totally temporarily disabled. On 04/17/2014, Utilization Review modified the requested Vascutherm Cold Compression Unit and Corflex Sling x 30 days post op in conjunction with PT to a 7-day rental of a simple cold unit citing ODG Guidelines, Shoulder chapter. It was noted that a cooling device is reasonable for 7 days following surgery and the use of a cooling device with compression is not recommended. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vascutherm Cold Compression Unit x 30days:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (updated2014)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Cold Compression therapy

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of cold compression therapy. According to the ODG, Cold compression therapy, it is not recommended in the shoulder, as there are no published studies. It may be an option for other body parts such as the knee although randomized controlled trials have yet to demonstrate efficacy. As the guidelines do not recommend the requested DME, the determination is not medically necessary.