

<b>Case Number:</b>	CM15-0129241		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	06/18/2014
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 60 year old male sustained an industrial injury to the right shoulder on 6/18/14. Magnetic resonance imaging right shoulder (9/27/14) showed a full thickness rotator cuff tear. The injured worker underwent right shoulder arthroscopic rotator cuff repair with decompression and distal clavicle resection on 6/5/15. Documentation indicated that the injured worker tolerated the procedure well and was transferred to the recovery room in stable and satisfactory condition. No postoperative assessment was documented. On 6/5/15, a request for authorization was submitted for a Vascutherm iceless CTU rental for 14 days and Vascutherm pad purchase.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vascutherm iceless CTU rental for 14 days:** 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) Knee & Leg (updated 02/27/2015)- Online devices; ODG Forearm, Wrist, & Hand (updated 03/09/2015)- Online Version.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48.

**Decision rationale:** This claimant was injured a year ago with a full thickness rotator cuff tear. There was a right shoulder arthroscopic rotator cuff repair with decompression and distal clavicle resection in June 2015. No postoperative assessment was documented. This would have been a 14 day rental. This device is a cold therapy pump. This durable medical equipment item is a device to administer regulated cold. However, the MTUS/ACOEM guides note that during the acute to subacute phases for a period of 2 weeks or less, physicians can use passive modalities such as application of heat and cold for temporary amelioration of symptoms and to facilitate mobilization and graded exercise. They are most effective when the patient uses them at home several times a day. More elaborate equipment than simple cold packs are simply not needed to administer cold modalities; the guides note it is something a claimant can do at home with simple cold packs made at home, without the need for such equipment. As such, this DME would be superfluous and not necessary, and not in accordance with MTUS/ACOEM. The request is not medically necessary.

**Associated service: Vascutherm pad purchase: 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) Knee & Leg (updated 02/27/2015)- Online devices; ODG Forearm, Wrist, & Hand (updated 03/09/2015)- Online Version.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48.

**Decision rationale:** As shared previously, this claimant was injured a year ago with a full thickness rotator cuff tear. There was a right shoulder arthroscopic rotator cuff repair with decompression and distal clavicle resection in June 2015. No postoperative assessment was documented. This would have been a 14 day rental. The MTUS/ACOEM guides note that during the acute to subacute phases for a period of 2 weeks or less, physicians can use passive modalities such as application of heat and cold for temporary amelioration of symptoms and to facilitate mobilization and graded exercise. They are most effective when the patient uses them at home several times a day. More elaborate equipment than simple hot and cold packs are simply not needed to administer heat and cold modalities. As the request for the unit itself was denied, the request for accessories such as the pad is unnecessary. The request is not medically necessary.