

<b>Case Number:</b>	CM15-0090432		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	09/19/2014
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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: Connecticut, California, Virginia  
 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:

The injured worker is 56 year old male, who sustained an industrial injury on September 19, 2014 while working as a wastewater mechanic. The injury occurred when the injured worker helped a coworker lift a heavy object and he felt something snap in his left shoulder. An MRI dated January 21, 2015 notes a downsloping of the acromion, causing narrowing of the subacromial outlet. The diagnoses have included left shoulder sprain/strain, bicipital tendonitis of the right shoulder and adhesive capsulitis of the right shoulder. Treatment to date has included medications, radiological studies, activity restrictions, a cortisone injection and physical therapy. Current documentation dated March 30, 2015 notes that the injured worker reported ongoing pain and stiffness in the right shoulder. Examination of the right shoulder revealed tenderness and a decreased range of motion. The treating physician's plan of care included a request for Vascutherm therapy rental times fourteen days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vascutherm Therapy Rental x 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG shoulder, continuous flow cryotherapy.

**Decision rationale:** Utilization review modified the request for cryotherapy (vascutherm) rental to 7 days rather than the requested 14 days. This is supported by the ODG guidelines, which state that continuous flow cold therapy is recommended as an option after surgery, but not for nonsurgical treatment. The patient has been approved for operative management of a shoulder injury. Based on the provided records and surgical intervention, it is the opinion of this reviewer that the modification to a 7 day rental per utilization review as a post-operative modality was appropriate, and therefore the initial request for a cold therapy unit for a period exceeding the recommendations of the ODG is not medically necessary.