

Case Number:	CM13-0010898		
Date Assigned:	11/08/2013	Date of Injury:	01/25/2013
Decision Date:	05/07/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	08/14/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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 Physician 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 32 year-old male who injured his left shoulder on 1/25/13 when he fell off a scaffold. He has been diagnosed with glenoid fracture; instability in shoulder; left shoulder bursitis. The orthopedic surgeon recommended shoulder surgery on his 7/11/13 report, and requested specifically, the VitalWear cold/hot wrap device for use after the surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOT/COLD VITAL WEAR UNIT WITH PAD: 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), Treatment Index, 11th Edition (Web), 2013 Knee And Leg Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin: Cryoanalgesia And Therapeutic Cold, Number: 0297

Decision rationale: The employee presents with left shoulder pain and is anticipating a surgery for labral repair and instability. The surgeon asked specifically for the VitalWear hot/cold system for post-operative use because it does both hot and cold therapy for acute and chronic stages. The

MTUS/ACOEM and ODG did not specifically address the VitalWear device. Other Nationally recognized guidelines were consulted. Aetna Clinical Policy Bulletin for Cryoanalgesia and Therapeutic Cold states that Aetna considers the use of the Hot/Ice Machine and similar devices (e.g., the Hot/Ice Thermal Blanket, the TEC Thermoelectric Cooling System (an iceless cold compression device), the VitalWear Cold/Hot Wrap, and the VitalWrap) experimental and investigational for reducing pain and swelling after surgery or injury. Studies in the published literature have been poorly designed and have failed to show that the Hot/Ice Machine offers any benefit over standard cryotherapy with ice bags/packs; and there are no studies evaluating its use as a heat source. Therefore, the requested VitalWear unit is considered experimental and is not medically necessary or appropriate.