

Case Number:	CM13-0034144		
Date Assigned:	12/13/2013	Date of Injury:	02/01/2013
Decision Date:	02/26/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/11/2013

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 Pain Medicine and is licensed to practice in Florida. 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:

The patient is a 44-year-old male who reported an injury on 02/01/2013 after moving a heavy object that caused injury to the right shoulder. The patient's treatment history included physical therapy, injection therapy, and medications. The patient underwent an MRI of the right shoulder that revealed an intrasubstance tear to the mid to anterior supraspinatus tendon. The patient's most recent clinical examination revealed significantly restricted range of motion secondary to pain with a positive impingement sign and weakness with external rotation, abduction, and forward flexion. The patient's diagnosis included a rotator cuff of the right shoulder. The patient's treatment plan included shoulder arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

28 day rental of vacutherm cold compression unit: 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 Official Disability Guidelines (ODG) Shoulder Chapter, Continuous Flow Cryotherapy.

Decision rationale: The requested 28 day rental of vacuotherm cold compression unit is not medically necessary or appropriate. The clinical documentation submitted for review did provide evidence that the patient was authorized to undergo surgery in 10/2013. Official Disability Guidelines recommend the use of continuous flow cryotherapy units in the postsurgical management of a patient for up to 7 days. The request is an excess of this recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested 28 rental of vacuotherm cold compression unit is not medically necessary or appropriate.

Purchase of shoulder wrap for the right shoulder: 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 Official Disability Guidelines (ODG) Shoulder Chapter, Compression garments

Decision rationale: The requested purchase of a shoulder wrap for the right shoulder is not medically necessary or appropriate. The clinical documentation submitted for review does support that the patient is scheduled to undergo shoulder arthroscopy. Official Disability Guidelines do not recommend the use of compression garments for the upper extremities unless there is a significant risk for development of deep vein thrombosis. The clinical documentation submitted for review does not provide any evidence that the patient is at risk for developing deep vein thrombosis in the upper extremities. Therefore, the purchase of a shoulder wrap for the right shoulder is not medically necessary or appropriate.