MAXIMUS Federal Services

Case Number:	CM13-0036553		
Date Assigned:	12/13/2013	Date of Injury:	10/30/2012
Decision Date:	02/14/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/21/2013

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 Emergency Medicine and is licensed to practice in New York. 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 46-year-old female who presented with continuous left shoulder and neck pain. Date of injury was October 30, 2012. Mechanism of injury was traction type when her left arm was pulled by an unruly student while she was working as a teacher to the visually impaired. Diagnosis was left shoulder impingement syndrome with adhesive capsulitis. MRI of the left shoulder done on 12/15/12 indicated adhesive capsulitis, Treatment included physical therapy, chiropractic therapy, and analgesics. The patient continued to experience severe pain and underwent left shoulder arthroscopic surgery on October 24, 2013. Request for authorization for Vascotherm for cold compression for postoperative therapy was received on October 8, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm for cold compression: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment , Integrated Treatment/ Disability Duration Guidelines Shoulder (Acute & Chronic)

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: Vascutherm devices combine thermal and compression therapy. In this case the device was intended to provide cool compression. Cold compression therapy is not recommended in the shoulder, as there are no published studies. It may be an option for other body parts. There has been an randomized controlled trial (RCT) underway since 2008 to evaluate and compare clinical post-operative outcomes for patients using an active cooling and compression device, and those using ice bags and elastic wrap after acromioplasty or arthroscopic rotator cuff repair, but the results are not available. Medical necessity is not established.