

Case Number:	CM13-0064163		
Date Assigned:	01/03/2014	Date of Injury:	09/23/2010
Decision Date:	04/16/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/11/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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/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 42-year-old female who reported an injury on 09/23/2010. The mechanism of injury was not provided. The patient underwent a left shoulder arthroscopy and limited debridement of the rotator cuff with bursectomy and subacromial decompression on 11/13/2013. The patient's diagnosis was noted to be impingement of the left shoulder with partial rotator cuff tear. The request was made for VascuTherm for cold compression times 30 days and a wrap.

IMR ISSUES, DECISIONS AND RATIONALES

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

VASCUTHERM FOR COLD COMPRESSION 30 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 CHAPTER, CONTINUOUS FLOW CRYOTHERAPY (WEB VERSION).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), KNEE & LEG CHAPTER, CONTINUOUS FLOW CRYOTHERAPY.

Decision rationale: The Official Disability Guidelines indicate that continuous flow cryotherapy is useful postoperatively and may be used for up to 7 days. They recommend identifying subjects

who are at high risk of developing venous thrombosis and providing prophylactic measures, such as consideration of oral anticoagulation therapy. There was a lack of documentation indicating that the patient had been identified as a person who was at high risk for developing venous thrombosis. There was a lack of documentation indicating the necessity for treatment beyond 7 days. Given the above, the request for VascuTherm for cold compression for 30 days is not medically necessary.

WRAP QTY 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.