

Case Number:	CM14-0101159		
Date Assigned:	07/30/2014	Date of Injury:	08/20/2013
Decision Date:	10/15/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/01/2014

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 and Rehabilitation, has a subspecialty in Pain Management 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 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:

This is a patient with a date of injury August 20, 2013. A utilization review determination dated June 24, 2014 recommends modified certification of Vascutherm. 14 days were requested and 7 days were recommended for certification. A progress report dated April 21, 2014 identifies subjective complaints indicating that the patient had one week of relief with a left shoulder subacromial injection. She is unable to sleep on her left shoulder. Objective examination findings reveal a painful arc from 90 to 130 with tenderness to palpation over the edge of the acromion. The patient also has subacromial crepitus and 4/5 motor weakness. Diagnoses include rotator cuff tear in the left shoulder, impingement syndrome in the left shoulder, and probable labral tear in the left hip. The treatment plan states that the patient has failed 6 months of conservative treatment directed towards the left shoulder. She is currently a surgical candidate. Therefore, a request is placed for left shoulder arthroscopy, debridement, rotator cuff repair, assistant surgeon, postoperative analgesic medication, and continuous passive motion machine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm 4 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), Shoulder (updated 04/25/14) continuous-flow cryotherapy

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 section

Decision rationale: Regarding the request for Vascutherm 4 x 14 days. ODG cites that continuous-flow cryotherapy is recommended as an option after surgery for up to 7 days, including home use, but not for non-surgical treatment. Within the documentation available for review, there is no indication that the requested surgery has been recommended for certification. Additionally, the currently requested 14 days exceeds the maximum of 7 days recommended by guidelines. Unfortunately, there is no provision to modify the current request. As such, the currently requested Vascutherm 4 x 14 days is not medically necessary.