

Case Number:	CM14-0010707		
Date Assigned:	02/21/2014	Date of Injury:	11/02/2000
Decision Date:	06/25/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/27/2014

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 Orthopedic Surgeon, 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:

The injured worker is a 61 year old male who reported an injury to his neck and left shoulder. The AME dated 09/28/01 indicated the injured worker complaining of cervical strain and impingement syndrome at the left shoulder. The injured worker reported increasing pain if he slept on his left side. The injured worker was identified as having type 2 downward sloping acromion predisposing to impingement. A clinical note dated 09/11/13 indicated the injured worker undergoing corticosteroid injection at the left shoulder to address the ongoing symptoms. The injured worker showed deterioration at the left shoulder. The injured worker demonstrated 120 degrees of elevation, 30 degrees of external rotation, and 4/5 strength with abduction. The injured worker was identified as having a positive impingement sign. The injured worker was recommended for an MRI of the left shoulder. The operative report dated 01/07/14 indicated the injured worker undergoing left shoulder arthroscopic acromioplasty and rotator cuff repair. A clinical note dated 01/20/14 indicated the injured worker continuing with complaints of pain. The injured worker stated the pain was decreased following the procedure. The injured worker was recommended to continue with immobilization at the shoulder and to initiate physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

VASCUTHERM COLD THERAPY UNIT 15 DAYS: Upheld

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

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 request for VASCUTHERM COLD THERAPY UNIT 15 DAYS is non-certified. The clinical documentation indicates the injured worker undergoing an acromioplasty and rotator cuff repair at the left shoulder. The use of compression garments is generally recommended for lower extremities orthopedic surgeries. Compression garments are not generally recommended for procedures involving the shoulder. Additionally, no information was submitted regarding the patient being at risk for deep vein thrombosis as no studies had been submitted. No information was submitted regarding vascular compromise. Given this, the request is not indicated as medically necessary.