

Case Number:	CM14-0011957		
Date Assigned:	02/21/2014	Date of Injury:	05/19/2012
Decision Date:	06/26/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	01/29/2014

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 Surgery 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:

With a work injury date of May 19, 2012, the claimant, a 66-year-old female, sustained cumulative trauma to the low back and shoulders, resulting in chronic pain and stiffness. Specific to the claimant's left shoulder, the records available for review document that the claimant underwent shoulder arthroscopy debridement and decompression in February of 2013. Due to continued complaints of pain and stiffness, the claimant has been certified to have shoulder arthroscopy and manipulation under anesthesia. This request is for the post-operative, 30-day rental of a combination Vascutherm unit to apply cold therapy and deep vein thrombosis (DVT) compression.

IMR ISSUES, DECISIONS AND RATIONALES

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

THIRTY (30) DAY RENTAL OF A VASCUTHERM UNIT (COLD THERAPY + DVT), WRAP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation BMC Musculoskeletal Disorders, 2010, 11:65 doi:10.1186/1471-2474-11-65; and the Official Disability Guidelines (ODG), Integrated Treatment/Disability Duration Guidelines, Shoulder Disorders, Continuous-Flow cryotherapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure - Game Ready accelerated recovery system; and the Hegmann K, Occupational Medicine Practice Guidelines, 2nd Edition, (2008 Revision) Page 555-556.

Decision rationale: Based on both the MTUS/ACOEM Guidelines and the Official Disability Guidelines, the 30-day, post-operative use of a Vascutherm unit would not be indicated in this case. While the ACOEM Guidelines support the topical application of cold therapy in the acute, inflammatory setting, the Official Disability Guidelines state that isolated cryotherapy devices are recommended for seven (7) days of total use, including at-home use. The request for a 30-day rental of this device exceeds guideline criteria. Therefore, the request would not be supported as medically necessary.