

Case Number:	CM14-0014420		
Date Assigned:	02/28/2014	Date of Injury:	10/17/2012
Decision Date:	06/27/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/05/2014

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 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:

According to the records made available for review, this is a 38-year-old male with a 10/17/12 date of injury and status post left shoulder arthroscopic rotator cuff and labral repair in 2013. At the time (1/2/14) of request for authorization for vascuterm rental times thirty (30) days for the left shoulder (post-op), there is documentation of subjective (left shoulder pain with stiffness and weakness) and objective (painful arc of motion, positive impingement sign, and tenderness to palpation over the acromioclavicular joint) findings, current diagnoses (rotator cuff sprain/strain and adhesive capsulitis of the shoulder), and treatment to date (left shoulder injection, left shoulder arthroscopic rotator cuff and labral repair in 2013, and medications). In addition, medical report plan identifies left shoulder diagnostic arthroscopy with bursoscopy and capsular release. Furthermore, 12/13/13 notice of authorization identifies certification of left shoulder diagnostic arthroscopy with bursoscopy and capsular release. There is no documentation of a high risk of developing venous thrombosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

VASCUTERM RENTAL TIMES THIRTY (30) DAYS FOR THE LEFT SHOULDER(POST-OP): 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, Polar care (cold therapy unit); Venous thrombosis Other Medical Treatment Guideline or Medical Evidence: (<http://www.sosmedical.net/products/featured-products/vascutherm/>)

Decision rationale: An online source identifies Vascutherm as a device that provides heat/cold compression and DVT prophylaxis therapy. MTUS does not address this issue. ODG identifies that continuous-flow cryotherapy is recommended as an option after surgery for up to 7 days, including home use. In addition, ODG identifies documentation of subjects who are at a high risk of developing venous thrombosis, as criteria necessary to support the medical necessity of DVT prevention system. Within the medical information available for review, there is documentation of diagnoses of left shoulder rotator cuff sprain/strain and adhesive capsulitis of the left shoulder. In addition, there is documentation of certification of left shoulder diagnostic arthroscopy with bursoscopy and capsular release. However, the requested vascutherm rental times thirty (30) days for the left shoulder (post-op) exceeds postoperative cryotherapy guidelines. In addition, there is no documentation of a high risk of developing venous thrombosis. Therefore, based on guidelines and a review of the evidence, the request for Vascutherm rental times thirty (30) days for the left shoulder (post-op) is not medically necessary.