

Case Number:	CM14-0116547		
Date Assigned:	08/04/2014	Date of Injury:	06/20/2011
Decision Date:	09/22/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/24/2014

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 Texas. 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 34 year old male who reported an injury on 06/20/2011. He reportedly had a lifting injury. The injured worker reported right shoulder surgery on 05/16/2014. The MRI done on 02/14/2014 revealed mild tendinosis, mild degeneration without defined superior labrum anterior and posterior tear superior labrum. The 05/28/2014 note showed that the injured worker had undergone shoulder surgery and he would be starting 6 weeks of twice weekly physical therapy. He reported right sided back pain with cramping and rated his pain 8/10. The injured worker denied improvement from the sacroiliac injections. His lumbar flexion was to 70 degrees, extension to 30 degrees, tenderness to palpitation of right lumbar paraspinal, his lower extremity strength was difficult to assess due to his back pain. His medications included Cyclobenzaprine 7.5mg 1 tablet every 8 hours for muscle spasm, Nucynta 50mg 1 tablet 3 times daily as needed for pain, Topiramate 25mg 1 tablet twice daily, Venlafaxine HCl 37.5mg 1 tablet four times daily, Glucosamine over the counter 1-2 times daily, and Senokot 8.6/50mg 1 tablet every 12 hours. The treatment plan was for retrospective post-operative vascultherm cold compress x30 days. The rationale for request and the request for authorization form were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Post op Vascultherm Cold Compress x 30 days: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -

Treatment Workers' Compensation, Online Edition Chapter Shoulder 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) Knee, Continuous-flow cryotherapy.

Decision rationale: Based on the information submitted for review, the request for Retrospective Post Operative Vascutherm Cold Compress x30 days is not medically necessary. The injured worker reported right shoulder surgery done on 05/16/2014. Per the Official Disability Guidelines, continuous flow cryotherapy is recommended as an option after surgery for up to 7 days. They have been proved to decrease pain, inflammation, swelling, and narcotic usage. The patient was noted to have had recent shoulder surgery which may warrant the use of a postoperative cold therapy unit; however, the request for 30 days is excessive. Therefore, the request for post operative vascutherm cold compress x30 days is not medically necessary.