

Case Number:	CM14-0137566		
Date Assigned:	09/05/2014	Date of Injury:	07/18/2013
Decision Date:	11/04/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/25/2014

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 Indiana. 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 58-year-old male maintenance worker for a supermarket chain, who suffered a work-related injury on 7/19/13. The worker was on a ladder about 5 feet above the ground when he lost his balance drilling screw into the wall landing on his left elbow and injuring his left wrist. The worker underwent an open reduction and internal fixation of a left distal radius fracture with casting after displacement of the fracture in a long-arm cast. The worker had an MRI of the left shoulder performed on 5/9/14 that revealed a full-thickness and complete tears of the supraspinatus and infraspinatus tendons with retraction to the level of the glenohumeral joint, measuring 4.2cm in size, sever fatty atrophy of the infraspinatus tendon, mild atrophy of the supraspinatus tendon, and moderate to severe ac joint degenerative changes with capsular hypertrophy and inferior osteophytosis noted. The worker received formal physical therapy to the shoulder for limited active ROM from 1/31/14 - 6/16/14 with some improvements in ROM, strength, endurance and pain relief. The injured worker's diagnoses included left distal radius fracture and left shoulder adhesive capsulitis, arthrofibrosis, and rotator cuff tear. On 3/28/14, the worker had abduction of 80 degrees, external rotation of 40 degrees, internal rotation of 30 degrees, and left shoulder crepitation. The treating physician is requesting post-op vascultherm cold therapy times 10 days status post arthroscopic left shoulder surgery for lysis of adhesions, possible rotator cuff repair, subacromial decompression, and possible arthrotomy of the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Op Vascutherm Cold Therapy times 10 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, 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 (Acute and Chronic), Continuous-flow cryotherapy

Decision rationale: CA MTUS is silent on the use of continuous-flow cryotherapy. The ODG Guidelines note that continuous-flow cryotherapy is Recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage. The request for 10 days of post-op vascutherm cold therapy is not medically necessary because continuous flow cryotherapy is only generally used for up to 7 days and because the vascutherm unit also provides intermittent compression and according to the ODG Guidelines, cold compressive therapy is not recommended in the shoulder, as there are no published studies.