

Case Number:	CM14-0156764		
Date Assigned:	09/26/2014	Date of Injury:	09/17/2012
Decision Date:	10/27/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/24/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 31 year old male with an injury date of 09/17/12. Based on the 07/21/14 progress report provided by [REDACTED], the patient complains of right shoulder pain, stiffness and weakness. He is status post right shoulder arthroscopic RCR 02/20/13. Physical examination to the right shoulder reveals 70% active and 80% passive range of motion with pain at endpoints, and positive impingement. MRI of right shoulder 10/02/13 (per progress report dated 07/21/14) shows right shoulder postoperative arthrofibrosis with recurrent subacromial impingement and probable rotator cuff capture lesions in the subacromial space. Diagnosis 07/21/14 included rotator cuff sprain and strain, contracture of shoulder joint-adhesive capsulitis of shoulder and OTH affections shoulder region NEC. Treater Plan, per progress report dated 07/21/14 states "patient has exhausted maximum conservative modalities and would be candidate for right shoulder diagnostic arthroscopy bursoscopy arthroscopic capsular release and excision of rotator cuff capture lesions in the subacromial space and possible redo subacromial decompression and other corrections." [REDACTED] is requesting Vascutherm for cold compression; wrap 30 days rental right shoulder. The utilization review determination being challenged is dated 09/10/14. The rationale is "modified to 7 days." [REDACTED] is the requesting provider, and he provided treatment reports from 09/05/13 - 07/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm for cold compression, wrap 30 days rental right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, 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) ODG-TWC guidelines, Knee chapter: Continuous-flow cryotherapy

Decision rationale: The patient presents with right shoulder pain. The request is for Vascutherm for cold compression, wrap 30 days rental right shoulder. He is status post right shoulder arthroscopic RCR 02/20/13. Diagnosis dated 07/21/14 includes rotator cuff sprain and strain, contracture of shoulder joint and adhesive capsulitis of shoulder. Regarding cryotherapy, MTUS is silent, however, ODG allows for short-term post-operative use for 7 days. ODG states that no research shows any additional added benefit for more complicated cryotherapy units over conventional ice bags or packs. Per progress report dated 07/21/14, provider states that patient has exhausted maximum conservative modalities and will be undergoing surgical procedure to the right shoulder, however he has not documented specific necessity of requested unit, nor how it will be used. Based on guidelines, the request for 30 days rental is excessive and Vascutherm has not been proven to offer significant benefits over passive cold compression therapy units. The patient's surgery dates back a year and a half and cold compression units are not recommended for chronic pain. The request is not inline with guidelines. Therefore the request is not medically necessary.