

Case Number:	CM14-0183279		
Date Assigned:	11/10/2014	Date of Injury:	03/21/2013
Decision Date:	12/26/2014	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/04/2014

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 53 year old with an injury date on 3/21/13. Patient complains of continuing bilateral elbow pain rated 8/10, right shoulder pain rated 8/10, cervical pain rated 8-9/10 with occasional radiating pain to the right side of face, upper/mid back pain rated 8/10, and lower back pain rated 7/10 per 9/10/14 report. Based on the 9/10/14 progress report provided by the treating physician, the diagnoses are: 1. right shoulder impingement syndrome, AC joint arthrosis and rotator cuff tear 2. bilateral carpal tunnel syndrome 3. cervical spine strain with degenerative disc disease 4. thoracic spine strain 5. lumbar spine strain, rule out lumbar radiculopathy 6. bilateral elbow medial and lateral epicondylitis Exam on 9/10/14 showed "for bilateral shoulders, increasing pain towards terminal range of motion. L-spine increased pain toward terminal range of motion. C-spine muscle guarding/spasm bilaterally. Bilateral elbows tenderness to palpation of flexor attachment at medial epicondyle bilaterally." Patient's treatment history includes medications (Ultram). The treating physician is requesting vascutherm cold and compression for 30 days. The utilization review determination being challenged is dated 10/28/14. The treating physician provided treatment reports from 4/9/14 to 10/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascultherm Cold and Compression for 30 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 (ODG), Shoulder chapter: Cold Compression Therapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG: shoulder chapter, section on Continuous-flow cryotherapy ODG does not discuss cold therapy units for the lower back. It is discussed in the shoulder and knee chapters. ODG in general does not recommend these for nonsurgical treatment. Â§ 9792.24. 3. Postsurgical Treatment Guidelines (a)(4) defines surgery as: "Surgery" means a procedure listed in the surgery chapter of the Official Medical Fee Schedule with follow-up

Decision rationale: This patient presents with bilateral elbow pain, right shoulder pain, neck pain, and upper/mid/lower back pain. Patient underwent a pre-operative evaluation for right shoulder arthroscopy, subacromial decompression and possible distal clavicle resection, and right carpal tunnel release in 10/22/14 report. The treater has asked for vascultherm cold and compression for 30 days. Regarding cryotherapy, Official Disability Guidelines (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. In this case, the patient is preparing to undergo right shoulder arthroscopy and carpal tunnel release, and cryotherapy is indicated. While a trial of 7 days of cryotherapy would be reasonable, the requested vascultherm cold and compression for 30 days exceeds ODG guidelines for post-operative cryotherapy. In addition, ODG states that there complicated cryotherapy units have no research-supported advantage over conventional ice bags. Recommendation is not medically necessary and appropriate.