

Case Number:	CM14-0020800		
Date Assigned:	04/30/2014	Date of Injury:	11/20/2012
Decision Date:	07/10/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/19/2014

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, has a subspecialty in Sports Medicine and is licensed to practice in Pennsylvania. 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 45-year-old male was injured in a work related accident on 11/20/12, injuring his right shoulder. Clinical records state that following a course of conservative care, surgical intervention in the form of a right shoulder arthroscopy, subacromial decompression and rotator cuff repair was recommended. There is a current request for postoperative use of a vapotherm cold compressive unit for purchase in regards to the above stated surgery. Clinical records do not indicate specific date of surgical process. Further clinical records that are reviewed are not pertinent to the specific postoperative request.

IMR ISSUES, DECISIONS AND RATIONALES

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

VASCUTHERM COLD COMPRESSION UNIT E1399: 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, Cold Compression Therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205.

Decision rationale: Based on the California ACOEM Guidelines and supported by the ODG, a cryotherapy device in this setting would not be indicated. Frequency and duration of use is not

documented. The guidelines recommend the role of the abovementioned device for up to seven days including home use, but not for purchase. Lack of documentation of the timeframe for use of this postoperative modality would fail to support its necessity. As such, the request is not medically necessary.