

Case Number:	CM14-0036030		
Date Assigned:	08/27/2014	Date of Injury:	05/13/2013
Decision Date:	09/29/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/24/2014

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 & Rehabilitation, 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:

This 54 year-old patient sustained an injury on 5/13/13 while employed by [REDACTED]. Request(s) under consideration include 1 Vascutherm Cold Compression for 30 day use. Diagnoses include rotator cuff sprain/strain; shoulder adhesive capsulitis; superior glenoid labrum lesions; and upper arm sprain/strain. Medications list Norco, Omeprazole, Naproxen, Sonata, and Promolaxin. Report of 11/8/13 from PA-c for provider noted patient presented for follow-up of right rupture LHB, pain, stiffness, and weakness. Exam showed right shoulder abd/flex/IR/ of 180/180/5 degrees; 5/5 motor strength except for 4/5 of supraspinatus; +/- Yergason with visible Popeye deformity; mild palpable pain along proximal humerus. Treatment included medications refill and steroid shoulder injection. Report of 12/20/13 from the provider noted patient with chronic right shoulder pain rated at 7/10. Exam showed reduced painful shoulder range; positive impingement sign; rotator cuff motor strength of 5/5 with positive Popeye deformity. Report of 7/10/14 from the provider noted the patient is s/p right shoulder arthroscopic capsular release SAD and rotator cuff repair on 3/16/14. Exam showed right shoulder with flex/abd/IR of 170/100/15-20 degrees. The patient was doing reasonable well with treatment plan for medications, home exercise, and TTD. Permanent and stationary status was anticipated 12-18 months postoperatively. The request(s) for 1 Vascutherm Cold Compression for 30 day use was non-certified on 2/18/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Vascutherm Cold Compression for 30 day use: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, pages 909-910: Continuous-flow cryotherapy Recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use.

Decision rationale: This 54 year-old patient sustained an injury on 5/13/13 while employed by Nice Mutual Water Company. Request(s) under consideration include 1 Vascutherm Cold Compression for 30 day use. Diagnoses include rotator cuff sprain/strain; shoulder adhesive capsulitis; superior glenoid labrum lesions; and upper arm sprain/strain. Medications list Norco, Omeprazole, Naproxen, Sonata, and Promolaxin. Report of 11/8/13 from PA-c for provider noted patient presented for follow-up of right rupture LHB, pain, stiffness, and weakness. Exam showed right shoulder with abd/flex/IR/ of 180/180/5 degrees; 5/5 motor strength except for 4/5 of supraspinatus; +/- Yergason with visible Popeye deformity; mild palpable pain along proximal humerus. Treatment included medications refill and steroid shoulder injection. Report of 12/20/13 from the provider noted patient with chronic right shoulder pain rated at 7/10. Exam showed reduced painful shoulder range; positive impingement sign; rotator cuff motor strength of 5/5 with positive Popeye deformity. Report of 7/10/14 from the provider noted the patient is s/p right shoulder arthroscopic capsular release SAD and rotator cuff repair on 3/16/14. Exam showed right shoulder with flex/abd/IR of 170/100/15-20 degrees. The patient was doing reasonable well with treatment plan for medications, home exercise, and TTD. Permanent and stationary status was anticipated 12-18 months postoperatively. The request(s) for 1 Vascutherm Cold Compression for 30 day use was non-certified on 2/18/14. Per manufacturer, the vascutherm device provides heat and cold compression therapy wrap for the patient's home for indication of pain, edema, and DVT prophylaxis for post-operative orthopedic patients. The patient underwent shoulder arthroscopy on 3/16/14. The provider has requested for this vascutherm cold compression unit; however, has not submitted reports of any risk for deep venous thrombosis resulting from required non-ambulation, immobility, obesity or smoking factors. Rehabilitation to include mobility and exercise are recommended post-surgical procedures as a functional restoration approach recommended by the guidelines. MTUS Guidelines is silent on specific use of vascutherm cold compression therapy, but does recommend standard cold pack for post exercise. ODG Guidelines specifically addresses the short-term benefit of cryotherapy post-surgery; however, limits the use for 7-day post-operative period as efficacy has not been proven after. The 1 Vascutherm Cold Compression for 30 day use is not medically necessary.