

Case Number:	CM14-0063743		
Date Assigned:	07/11/2014	Date of Injury:	04/30/2013
Decision Date:	09/10/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/06/2014

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 Occupational Medicine 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 38-year-old female who has submitted a claim for right lateral epicondylitis and SLAP tear, right shoulder associated with an industrial injury date of April 30, 2014. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of right shoulder joint pain and right upper extremity pain. Physical examination of the right shoulder showed tenderness. Range of motion was decreased by pain during flexion and abduction. Empty can test was positive on the right. Treatment to date has included medications and right shoulder arthroscopic extensive debridement of the labrum (04/21/2014). Utilization review from April 30, 2014 denied the request for Vascutherm 30 day rental and 1 Vascutherm shoulder pad because the medical necessity has not been established. The risk of DVT in the shoulder was lower compared to the knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm 30 day rental and 1vascutherm shoulder pad: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Chapter, Vasopneumatic Device.

Decision rationale: The CA MTUS does not specifically address this topic. Per strength of evidence hierarchy established by the California Department of Industrial Relations, Division of Workers, the Official Disability Guidelines (ODG) was used instead. ODG states that vasopneumatic devices are recommended as an option to reduce edema after acute injury. Vasopneumatic devices apply pressure by special equipment to reduce swelling; or for home-use as an option for the treatment of lymphedema after a four-week trial of conservative medical management that includes exercise, elevation and compression garments. In this case, the patient was prescribed with Vascutherm and Vascutherm pad as part of post-operative rehabilitation. Patient underwent right shoulder arthroscopic extensive debridement of the labrum on 04/21/2014. However, medical records submitted and reviewed failed to provide a rationale for the requested equipment. There is likewise no evidence that patient had failure in terms of conservative management as enumerated above. The medical necessity cannot be established due to insufficient information. Therefore, the request for Vascutherm 30 day rental and 1 Vascutherm shoulder pad is not medically necessary.