

Case Number:	CM14-0086834		
Date Assigned:	07/23/2014	Date of Injury:	08/27/2008
Decision Date:	12/05/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/10/2014

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 Emergency 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:

Patient with reported date of injury on 8/27/2008. No mechanism of injury was provided for review. Patient has a diagnosis of R shoulder derangement, L shoulder internal derangement, chronic shoulder pains and depression. Patient is post L shoulder arthroscopic surgery on 11/25/08, L shoulder replacement on 5/09 and L shoulder total arthroplasty on 12/12. Medical reports reviewed. Last report available until 4/15/14. Patient is scheduled for R shoulder surgery (last note documents 5/13/14). Patient has bilateral shoulder pain. Bilateral shoulder exam showed limited range of motion, L shoulder impingement signs were positive with normal motor and neurological exam. No rationale or justification was documented in provided note. No imaging reports were provided for review. Medications include MSIR, Lisinopril, Metrogel, Flector patch and Trazodone. Independent Medical Review is for "post-operative vascultherm of R shoulder #14day rental". Prior UR on 5/19/14 recommended modification to 7days rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative vascu therm rental 14 days for the right shoulder: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder(Acute and Chronic), Continuous-Flow Cryotherapy

Decision rationale: Review of online Thermotek website reveals that Vascutherm is a device that provides cold/hot therapy, compression and DVT prophylaxis. The provider has not documented what function of the device is to be used. Since it was requested for post-operative use over operated shoulder, assumption is that it is for continuous cold therapy. As per Official Disability Guide (ODG), continuous flow cryotherapy is recommended as a post-surgical option as it may decrease inflammation, pain and swelling. ODG only recommends up to 7days of use. This request is for 14 days which does not meet guidelines. Vascutherm for R shoulder rental for 14days is not medically necessary.