

Case Number:	CM14-0198457		
Date Assigned:	12/08/2014	Date of Injury:	05/12/2010
Decision Date:	01/21/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/25/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 is a 50 year old female who suffered a cumulative work related injury on 5/12/2011. She complains of limited right shoulder mobility and chronic pain. A Magnetic Resonance Imaging done on 08/02/2014 confirms insertional tendinitis of the rotator cuff. Diagnoses include rotator cuff tendinitis, subacromial bursitis and impingement, anterior labral tear and acromioclavicular synovitis. An orthopedic physician note dated 09/09/2014 documents continued pain in her right shoulder, a positive provocative Neer test, Hawkins test with stiffness of the right shoulder with range of motion. Treatment has included physical therapy, medications, and on 10/10/2014 underwent right shoulder diagnostic/operative arthroscopy, arthroscopic subacromial decompression and acromioplasty, resection of coracoacromial ligament, extensive subacromial and subdeltoid bursectomy, distal clavicle resection; Mumford procedure, and debridement of labrum and labral fraying. Treatment request is for Vascutherm compression therapy 14 day rental with compression therapy pad purchase. Utilization Review dated 10/29/2014 non-certified the request for Vascutherm compression therapy 14 day rental with compression therapy pad purchase, citing Official Disability Guidelines Treatment in Workers' Comp. Guidelines indicate that while there are studies on continuous flow cryotherapy, there are no high-quality studies documenting the need for thermal compression. Therefore, in light of the fact that this is a thermal compression unit and falls outside of guidelines, then there is no medical necessity for this requested device.

IMR ISSUES, DECISIONS AND RATIONALES

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

**Vascutherm Compression Therapy 14 Dy Rental with Compression Therapy Pad
Purchase: 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), Knee and Leg Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cold/heat packs. (http://www.worklossdatainstitute.verioiponly.com/odgtwc/low_back.htm#SPECT)

Decision rationale: According to ODG guidelines, cold therapy is recommended as an option for acute pain. At-home local applications of cold packs in first few days of acute complaint; thereafter, applications of heat packs or cold packs. (Bigos, 1999) (Airaksinen, 2003) (Bleakley, 2004) (Hubbard, 2004) Continuous low-level heat wrap therapy is superior to both acetaminophen and ibuprofen for treating low back pain. (Nadler 2003) The evidence for the application of cold treatment to low-back pain is more limited than heat therapy, with only three poor quality studies located that support its use, but studies confirm that it may be a low risk low cost option. (French-Cochrane, 2006) There is minimal evidence supporting the use of cold therapy, but heat therapy has been found to be helpful for pain reduction and return to normal function. (Kinkade, 2007) See also Heat therapy; Biofreeze cryotherapy gel. There is no evidence to support the efficacy of hot and cold therapy in this patient. There is not enough documentation relevant to the patient work injury to determine the medical necessity for cold therapy. There are no controlled studies supporting the use of hot/cold therapy in neck and shoulder pain. Therefore, the request for Vascutherm Compression Therapy 14 Dee Rental with Compression Therapy Pad Purchase is not medically necessary.