

Case Number:	CM14-0209295		
Date Assigned:	12/22/2014	Date of Injury:	03/05/2014
Decision Date:	02/17/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/15/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 52-year-old presenting with a work-related injury on March 5, 2014. The patient has been treated with medications, physical therapy and the use of the shoulder immobilizer. The patient reported improvement in the head, ankle and wrist conditions with physical therapy; however the patient continued to complain of progressive right shoulder pain with stiffness and weakness. The patient's medications included amlodipine 5 mg, enalapril 20 mg, hydrocodone - acetaminophen 10 - 325 mg, Metformin 500 mg and metoprolol 50 mg. Patient underwent a right shoulder arthroscopic posterior capsular release with decompression and rotator cuff repair on November 4, 2014. On November 4, 2014 the patient was approved for initial 30 day rental for PO vascular device for. MRI of the right shoulder on may 15 2014 revealed full thickness rotator cuff tear of the supraspinatus tendon with distal supraspinatus, infraspinatus and subscapularis tendinosis; there was intra-articular long head of the biceps tendinosis and posterior superior labral tear with an associated small paralabral cyst. X-ray of the right shoulder on August 29, 2014 document the type III acromial configuration with moderate to advanced acromioclavicular joint degenerative changes with inferiorly directed AC first two of the supraspinatus outlet; there was spurring of the greater tuberosity; normal acromial interval; normal appearing glenohumeral joint with concentric reduction seen on axillary lateral projection. On November 10, 2014 the physical exam showed healing bones, passive for flexion to 140, distal neurovascular motor examination was intact in the upper extremities bilaterally. The patient was diagnosed with complete rupture of rotator cuff, rotator cuff sprain and strain, adhesive capsulitis of shoulder, other affections of shoulder region, and not otherwise specified. A request for vascultherm for cold compression and a cold therapy wrap was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

An additional 30 days of Vascutherm for cold compression and wrap: 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: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Complaints, Treatment Consideration.

Decision rationale: An additional 30 days of Vascutherm for cold compression and y wrap is not medically necessary. The American College of Environmental Medicine and the Official Disability Guidelines supports that statement that applications of heat and cold are recommended as method of symptom control for ankle and foot complaints. Additionally, at home applications of cold during first few days of acute complaint is recommended; thereafter, application of heat or cold as patient prefers, unless swelling persists - then use cold. The ACOEM, supports simple low-tech applications of heat and cold as opposed to the motorized cold therapy device being proposed. Finally, the claimant's condition is chronic. The ACOEM supports this therapy for acute conditions; therefore, the requested therapy is not medically necessary.