

Case Number:	CM15-0105060		
Date Assigned:	06/10/2015	Date of Injury:	10/09/2014
Decision Date:	07/10/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/02/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 69 year old female who sustained an industrial injury on 10/09/2014. Treatment provided to date has included: physical therapy, right shoulder surgery (04/24/2015), medications, and conservative therapies/care. Diagnostic tests performed include: chest x-ray, MRI of the right shoulder (12/23/2014) showing a large full-thickness tear of the supraspinatus and infraspinatus tendons with medial retraction, superior migration of the humeral head, complete rupture with distal retraction of the long head of the biceps tendon, and severe acromioclavicular joint arthritis. Comorbid diagnoses included history of hypertension, asthma, mild restrictive lung disease, hyperlipidemia, and elevated alkaline phosphatase. There were no noted previous injuries or dates of injury. On 04/22/2015, physician progress report noted complaints of right shoulder pain. The injured worker was being seen for pre-operative evaluation with plans for right shoulder surgery. There was no pain rating or description of the pain reported. The objective findings were difficult to decipher. The provider noted diagnoses of pre-operative evaluation for the right shoulder surgery, hypertension, asthma, mild restrictive lung disease, hyperlipidemia, and elevated alkaline phosphatase. Due to increasing pain, the injured worker agrees to the plan for surgical intervention. Plan of care includes a right shoulder diagnostic operative arthroscopy with rotator cuff repair, diagnostic arthroscopic decompression debridement, resection of the coracoacromial ligament with subacromial and subdeltoid bursectomy, and arthroscopic distal clavicle resection with Mumford procedure. The injured worker's work status was temporarily totally disabled. Requested treatments include Vacutherm cold compression unit (14 days rental).

IMR ISSUES, DECISIONS AND RATIONALES

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

DME Vacuotherm Cold Compression x 14 day rental: 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), Cold Compression Therapy; Knee Chapter, Game Ready accelerated recovery system.

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.

Decision rationale: The vacuotherm 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 has plan for shoulder surgical procedure and the provider has requested for this hot/cold compression unit. Submitted reports have not demonstrated any obesity condition, smoking history, or intolerance to anticoagulants in the prevention of DVT nor identified how the procedure would prevent the patient from mobility post surgery in a patient undergoing shoulder surgery. 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 cold compression therapy with pad and wrap, 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 DME Vacuotherm Cold Compression x 14 day rental is not medically necessary and appropriate.