

Case Number:	CM15-0106120		
Date Assigned:	06/10/2015	Date of Injury:	02/16/2013
Decision Date:	07/15/2015	UR Denial Date:	05/22/2015
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 55 year old male, who sustained an industrial injury on 02/16/2013. According to a progress report dated 03/24/2015, the injured worker continued to have left shoulder pain and weakness with shoulder use. There was moderate night pain also. The left shoulder exam revealed that the injured worker was neurologically intact from C5 to T1. There was no lymphedema and skin was normal. There was 2+ ulnar and radial pulses with normal capillary refill. Supraspinatus strength was 3/5 with significant pain. There was a moderately positive impingement test reproducing his pain. He had moderate pain along the biceps groove. Impression included symptomatic complete rotator cuff tear with impingement. The treatment plan included arthroscopic rotator cuff repair and possible decompression and biceps tenodesis. The injured worker was provided with an Ultrasling immobilization device for use postoperatively. On 03/25/2015, the provider requested authorization for Vascutherm 14 day rental and compression therapy pad purchase. On 04/01/2015, the injured worker underwent left shoulder arthroscopic distal clavicle excision, left shoulder arthroscopic acromioplasty with coracoacromial ligament release, left shoulder arthroscopic extensive debridement of the glenohumeral joint. Currently under review is the request for Vascutherm compression unit 14 day rental (date of service 03/25/2015-04/07/2015) and purchase of compression therapy pad for the left shoulder (date of service 03/25/2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm compression unit 14 day rental (DOS 03/25/2015-04/07/2015): 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), Shoulder, Cold compression therapy.

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 vascutherm 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. There is a shoulder surgical procedure planned 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. Rehabilitation to include mobility and exercise are recommended post-surgical procedures as a functional restoration approach recommended by the guidelines for this plan shoulder arthroscopy. 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 Vascutherm compression unit 14-day rental (DOS 03/25/2015-04/07/2015) is not medically necessary and appropriate.

Purchase of compression therapy pad for the left shoulder (DOS 03/25/2015): 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), Shoulder, Cold compression therapy.

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: This request is for supplies for a Vascutherm compression unit. The Vascutherm compression unit 14-day rental (DOS 03/25/2015-04/07/2015) is not medically necessary and appropriate. Therefore, the Purchase of compression therapy pad for the left shoulder (DOS 03/25/2015) is not medically necessary and appropriate.