

Case Number:	CM15-0107887		
Date Assigned:	06/12/2015	Date of Injury:	09/07/2012
Decision Date:	07/24/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/03/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 40-year-old male with an industrial injury dated 09/07/2012. His diagnoses included rotator cuff sprain and strain, other affections shoulder region and adhesive capsulitis of shoulder. Prior treatment included right shoulder arthroscopy, physical therapy and medications. He presents on 11/10/2014 status post right shoulder arthroscopy and correction. He complained of right sided neck pain and intermittent numbness into his right hand. Physical exam noted wounds were healing well. Right shoulder demonstrated 80% active and 90% passive range of motion. Rotator cuff testing was 5 out of 5. Examination of the neck demonstrated no spinous process tenderness. He had right paraspinous muscle tenderness and mild spasm. Distal motor exam was intact in the right upper extremity. Treatment plan included continue to use the Vascutherm cold therapy unit 3-4 times daily to aid in postoperative rehabilitation and inflammation reduction, referral for nerve conduction tests and referral for a cervical spine evaluation. The treatment request is for Vascutherm for 30 days post-op right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm for 30 Days Post-Op (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 (ODG), Low Back (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cold/heat packs. http://www.worklossdatainstitute.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 no controlled studies supporting the use of hot/cold therapy in back post op pain beyond 7 days after surgery. Therefore, the request for Vascutherm for 30 days post-op (right shoulder) is not medically necessary.