

Case Number:	CM15-0130271		
Date Assigned:	07/20/2015	Date of Injury:	03/20/2012
Decision Date:	08/14/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/06/2015

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, Pain Management

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 30 year-old male who sustained an industrial injury on 3/20/12. Progress note dated 2/19/15 reports continued right shoulder pain. He had pain with reaching and repetitive activity. Cortisone injection given a couple months ago gave 80% improvement. The injured worker is interested in pursuing surgery. Diagnosis; right shoulder pain secondary to impingement syndrome and acromioclavicular joint osteoarthritis and biceps tendinitis. Plan of care includes: discussed treatment options including surgery. Due to failed conservative treatments the injured worker would like to schedule surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME Vascutherm Rental 30 Days (05/30-06/28): 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 & Leg, Online Version, Vasopneumatic devices (wound healing); Forearm, Wrist, & Hand, Online Version, Vasopneumatic devices.

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, Cold compression therapy.

Decision rationale: Regarding the request for Vascutherm (a cold/heat limb compression therapeutic device), California MTUS and ACOEM do not contain criteria related to that request. The patient had right shoulder arthroscopic surgery on 4/30/2015 and is doing well with physical therapy and oral medication. It is unclear how Vascutherm may benefit the patient at this point in his recovery. The ODG states that cold/heat compression therapy is not recommended for the shoulder as there are no published studies. As such, the currently requested Vascutherm device rental is not medically necessary.