

Case Number:	CM15-0131968		
Date Assigned:	07/23/2015	Date of Injury:	02/17/2010
Decision Date:	08/19/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/08/2015

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: Massachusetts

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:

This is a 48-year-old male with a February 17, 2010 date of injury. A progress note dated May 5, 2015 documents subjective complaints (first postoperative visit after right shoulder arthroscopic rotator cuff repair; pain is improving; using a sling as directed), and objective findings (surgical incisions well healed; only mild soft tissue swelling; range of motion deferred). Diagnoses were noted in the medical record to include chronic full-thickness rotator cuff tear and supraspinatus retraction, early degenerative arthritis of the shoulder, and long head biceps tenosynovitis. Treatments to date have included right shoulder surgery, medications, magnetic resonance imaging of the right shoulder (March 25, 2015; showed a large, chronic, retracted full-thickness tear of the supraspinatus with severe fatty infiltration; findings suggestive of partial resection at the distal end of the clavicle; early degenerative changes present at the glenohumeral joint; partial-thickness tearing in the long head of the biceps tendon), and physical therapy. The treating physician documented a plan of care that included Vascutherm and an EMS stimulator unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm quantity 14.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), cold packs.

Decision rationale: The claimant sustained a work injury in February 2010 and is being treated for right shoulder pain. He underwent a right shoulder arthroscopic subacromial decompression with rotator cuff repair and debridement in April 2015. This was a repeat surgery with the first surgery in 2010 compensated by infection. When seen, for his first postoperative visit he was doing well. He had swelling, which had subsided. His pain was improving. He was continuing to use eight-shoulder sling. Physical examination findings included only mild soft tissue swelling. Recommendations included beginning active and passive shoulder and elbow exercises. The requested VascuTherm unit provides compression and localized heat and cold thermal therapy. Indications include edema reduction, lymphedema, chronic venous or arterial insufficiency, and pain. In terms of thermal modalities, the use of heat and ice are low cost as at-home applications, have few side effects, and are noninvasive. The at-home application of heat or cold packs is recommended. However, in this case, simple, low-tech thermal modalities would meet the claimant's needs. There would be no need for compression therapy. The requested VascuTherm rental is not medically necessary.

EMS stimulator unit (indefinite use): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Neuromuscular electrical stimulation (NMES devices).

Decision rationale: The claimant sustained a work injury in February 2010 and is being treated for right shoulder pain. He underwent a right shoulder arthroscopic subacromial decompression with rotator cuff repair and debridement in April 2015. This was a repeat surgery with the first surgery in 2010 compensated by infection. When seen, for his first postoperative visit he was doing well. He had swelling, which had subsided. His pain was improving. He was continuing to use eight-shoulder sling. Physical examination findings included only mild soft tissue swelling. Recommendations included beginning active and passive shoulder and elbow exercises. Neuromuscular electrical stimulation (NMES) is under study for use with exercises to enhance the amount of force production and potentially minimize the inhibition of the rotator cuff after repair surgery. In this case, although the claimant underwent a rotator cuff repair, he would be expected to be able to participate in conventional physical therapy treatments. A device would not be required for indefinite use. The request was not medically necessary.

