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| Case Number: | CM15-0138424 | | |
| Date Assigned: | 07/28/2015 | Date of Injury: | 06/05/2012 |
| Decision Date: | 08/25/2015 | UR Denial Date: | 06/19/2015 |
| Priority: | Standard | Application Received: | 07/16/2015 |

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 40 year old female with a June 5, 2012 date of injury. A progress note dated June 1, 2015 documents subjective complaints (pain with any motion with the right upper extremity), objective findings (limited range of motion of the right shoulder; marked scapulothoracic glenohumeral dysrhythmia/scapular dyskinesia; positive impingement; decreased strength of the supraspinatus; mild tenderness to palpation over the lateral epicondyle with increased pain with resisted wrist dorsiflexion), and current diagnoses (adhesive capsulitis of the shoulder; other affections of the shoulder region; rotator cuff sprain/strain; lateral epicondylitis of elbow; lack of coordination). Treatments to date have included physical therapy for the right shoulder which did not improve the symptoms, cortisone injections to the right shoulder which provided temporary relief, and imaging studies. The treating physician documented a plan of care that included thirty day rental of a Vascutherm unit following right shoulder arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm 30 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, Forearm, Wrist & Hand, Online Version, Vasopneumatic devices, Lymphedema pumps.

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 August 2011 and underwent an arthroscopic subacromial decompression with capsular release on 06/09/15. Post-operative care including a VascuTherm unit was requested. 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 30 day VascuTherm rental is not medically necessary.