

Case Number:	CM15-0138579		
Date Assigned:	07/28/2015	Date of Injury:	05/21/2012
Decision Date:	08/26/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/17/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 injured worker is a 52-year-old female sustained an industrial injury on 5/21/12. Injury occurred while mopping the restaurant floor, with onset of neck and right shoulder pain. She underwent anterior cervical discectomy and fusion at C4/5 and C5/6 on 6/17/14. The 3/12/15 right shoulder MRI impression documented an intrasubstance tear of the anterior footprint attachment of the supraspinatus tendon, fraying of the superior to posterior superior labrum, and fraying at the apex of the anterior labrum. There was minor lateral down sloping acromion with minor narrowing of the supraspinatus outlet with minor adjacent subacromial subdeltoid bursal inflammation. The 5/7/15 treating physician report cited continued severe right shoulder pain and limited painful motion. She had mild relief with both subacromial and intraarticular injections. Physical exam documented 120 degrees forward flexion, painful end range of motion, positive O'Brien's test, and positive impingement test. She had failed conservative management, including corticosteroid injections, physical therapy, and acupuncture. Authorization was requested for right shoulder manipulation under anesthesia, arthroscopic lysis of adhesions, biceps tenotomy, subacromial decompression, and repair of all damaged structures. She underwent right shoulder manipulation, biceps tenotomy, and subacromial decompression on 6/29/15. Retrospective authorization was requested for VascuTherm 30 day rental. The 7/8/15 utilization review non-certified the retrospective request for 30-day rental of a VascuTherm unit as guidelines found that there was no scientific evidence to support an intermittent pneumatic cold compression unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascu-Therm, 30 day rental (retrospective): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder: Cold compression therapy.

Decision rationale: The California MTUS guidelines are silent regarding cold compression therapy. The Official Disability Guidelines do not recommend cold compression therapy for patients undergoing shoulder surgery as there are no published studies. Guidelines state that there has been a randomized controlled trial underway since 2008 to evaluate and compare clinical post-operative outcomes for patients using an active cooling and compression device, and those using ice bags and elastic wrap after acromioplasty or arthroscopic rotator cuff repair, but the results are not available. Guideline criteria have not been met. This injured worker underwent right shoulder arthroscopic surgery and was prescribed a VascuTherm unit for 30-days use. There is no compelling rationale presented to support the medical necessity of a 30-day rental of a cold compression unit as an exception to guidelines. There is no evidence that the use of an active cold compression unit is more effective than standard cold packs. Therefore, this request is not medically necessary.