

Case Number:	CM15-0160028		
Date Assigned:	08/26/2015	Date of Injury:	08/24/2014
Decision Date:	09/29/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/17/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 (IW) is a 53 year old female who sustained an industrial injury on 08-24-2014. She reported falling with resultant pain in the right shoulder. The injured worker was diagnosed as having right shoulder strain, and chronic pain, weakness and stiffness in the right shoulder. Treatment to date has included manual therapy, therapeutic exercise, steroid injections, a right shoulder arthrogram, and medications. Currently, the injured worker complains of constant right shoulder pain rated as an 8-9 on a scale of 0-10. Objectively, the right shoulder range of motion is flexion 100 degrees, extension 20 degrees, abduction 100 degrees, adduction 36 degrees, internal rotation 55 degrees, external rotation 50 degrees. Range of motion is limited secondary to pain, and there is tenderness to palpation along the trapezius and periscapular muscle. The right shoulder arthrogram showed a labral tear. A right shoulder manipulation under anesthesia was planned for right shoulder pain, possible adhesive capsulitis. A request for authorization was submitted for Vascutherm 30 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm 30 days: 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), Shoulder-Cold compression therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder: Continuous-flow cryotherapy and Other Medical Treatment Guidelines.

Decision rationale: Vascutherm 30 days is not medically necessary per the ODG Guidelines, a review online of Vascutherm, and an online review of appropriate use of antithrombotic therapy. The MTUS guidelines do not specifically address VascuTherm cold compression unit. Per an online review of Vascutherm, it appears that the Vascutherm is a compression and localized thermal (hot and cold) therapy device with DVT prophylaxis. The ODG recommends Continuous-flow cryotherapy as an option after knee surgery, but not for non-surgical treatment. Per guidelines, postoperative use for the shoulder generally may be up to 7 days, including home use. There is no documentation that patient will not be mobile or has any conditions that warrant post op DVT prophylaxis such as those referred to in the Executive Summary: Antithrombotic Therapy and Prevention of Thrombosis, 9th ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines . There is no documentation submitted as to why the patient cannot use an at home ice pack or heating application or compression stockings if needed for DVT prophylaxis. Additionally the request for 30-day use exceeds postoperative use recommended by the ODG for the shoulder. For all of these reasons, the request for Vascutherm is not medically necessary.