

Case Number:	CM15-0163872		
Date Assigned:	09/01/2015	Date of Injury:	07/29/1998
Decision Date:	10/06/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/20/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 71 year old male, who sustained an industrial injury on July 29, 1998. The injured worker reported pulling a heavy object that got stuck and injured his shoulder. The injured worker was diagnosed as having right shoulder pain, arthritis and partial rotator cuff, biceps tendon and labral tear. Treatment to date has included physical therapy, medication, magnetic resonance imaging (MRI) and cortisone injections. A progress note dated April 13, 2015 provides the injured worker complains of right shoulder pain. Physical exam notes decreased range of motion (ROM) of the right shoulder with decreased strength. Review of x-rays and magnetic resonance imaging (MRI) reveals arthritis and rotator cuff, biceps and labral tears. There is a retrospective request for Vascutherm compression therapy and compression therapy pads.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Vascutherm Compression Therapy, 14 Day Rental (DOS: 04/14/2015):
 Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Compression Therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online, Shoulder Chapter, Continuous-flow cryotherapy.

Decision rationale: The patient presents with bilateral shoulder pain, worse on the right and low back pain. The current request is for a 14-day rental of Vascutherm Compression Therapy. The treating physician requests on 4/13/15 (66B) "Vascutherm-Pneumatic Compression Therapy 14 days." MTUS and ACOEM guidelines do not specifically discuss Vascutherm units. Therefore, ODG is referenced. ODG under the Shoulder chapter has the following regarding continuous-flow cryotherapy: "Recommended as an option after surgery but not for nonsurgical treatment. Postoperative use generally may be up to 7 days including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic use. However, the effectiveness on more frequently treated acute injuries has not been fully evaluated." ODG recommend the duration of postoperative use of continuous-flow cryotherapy to be 7 days. In this case, the clinical records provided for review discuss the patient undergoing right shoulder arthroscopy, biceps tendosis, possible posterior labral repair, possible cuff repair and decompression, however, the PR-2 dated 4/13/15 (62B) notes that 3 cortisone injections have helped and surgery will be deferred. Additionally, the treating physician has recommended a 14-day rental, which exceeds what is allowed by ODG. The current request is not medically necessary.

Retrospective: Compression Therapy Pad Purchase (DOS: 04/14/2015): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Compression Therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online, Shoulder Chapter, Compression garments.

Decision rationale: The patient presents with bilateral shoulder pain, worse on the right and low back pain. The current request is for the purchase of a compression therapy pad. The treating physician requests on 4/13/15 (66B), "Compression Therapy Pad." ODG under the shoulder chapter states for compression garments "Not generally recommended in the shoulder. Deep venous thrombosis and pulmonary embolism events are common complications following lower-extremity orthopedic surgery, but they are rare following upper-extremity surgery, especially shoulder arthroscopy." In this case, the compression garment is not supported for shoulder use and therefore the request is not medically necessary.