

Case Number:	CM15-0164677		
Date Assigned:	09/02/2015	Date of Injury:	06/19/2013
Decision Date:	10/05/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/21/2015

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 is a 61 year old male, who sustained an industrial injury on 6-19-13. He has reported initial complaints of bilateral shoulder pain, bilateral hip pain and right wrist pain secondary to a motor vehicle accident in which he hit the center divider. The diagnoses have included pain in joint of shoulder region, calcifying tendinitis of the shoulder, rotator cuff strain and sprain and adhesive capsulitis of the shoulder. Treatment to date has included medications, left shoulder surgery 4-22-14, right shoulder surgery 1-21-15, activity modifications, off of work, diagnostics, physical therapy and other modalities. Currently, as per the physician progress note dated 1-30-15, the injured worker is status post right shoulder arthroscopy on 1-21-14 and reports that he is doing well post-operatively with physical therapy and home exercise program (HEP). He reports that he is no longer having any night pain. The current medications included Anaprox. The objective findings-physical exam reveals that the wounds are healing well, sutures were removed and steri-strips were applied. The right shoulder demonstrates near full active and passive range of motion except 10-15 degrees internal rotation contracture. Work status is temporary total disability. The physician requested treatment included Retrospective Vascutherm for cold compression X 30 days (after surgery January 2015) to aid in post-operative rehabilitation and inflammation reduction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Vascutherm for cold compression X 30 days (after surgery January 2015):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter (Acute & Chronic), Continuous-flow cryotherapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

Decision rationale: Retrospective Vascutherm for cold compression X 30 days (after surgery January 2015) is not medically necessary per MTUS guidelines and the ODG. The MTUS states that patients at-home applications of heat or cold packs may be used before or after exercises and are as effective as those performed by a therapist. The MTUS guidelines do not specifically address VascuTherm cold compression unit. A review online reveals 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 surgery, but not for nonsurgical treatment. Per guidelines postoperative use 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. The request for a 60-day rental exceeds the recommended ODG duration of use for patients that are postoperative and limited to 7 days postoperative use. The request for a Vascutherm is not medically necessary.