

Case Number:	CM15-0166614		
Date Assigned:	09/04/2015	Date of Injury:	06/24/2013
Decision Date:	10/08/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/25/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 46 year old female who sustained an injury on 6-24-13 resulting from cumulative trauma to her left shoulder. Treatment included injection to the left subacromial space on 9-6-13 which provided temporary relief of pain. MRI left shoulder 10-31-14 report includes supra infraspinatus tendinopathy with a minor partial thickness tear of the posterior supraspinatus at the musculotendinous junction with a small intramuscular ganglion cyst. Left shoulder subacromial impingement with glen humeral internal rotation deficit. Diagnoses are rotator cuff sprain and strain; other affections shoulder region; adhesive capsulitis of shoulder; lack of coordination. Diagnostic testing included fluoro scan X-rays left shoulder on 5-1-15 this showed mild to moderate joint degenerative changes. Arthroscopic subacromial decompression, posterior capsule release left shoulder was performed on 7-28-15. Medications post-surgery included Omeprazole 20 mg; Sonata 10 mg #30; Naproxen Sodium 550 mg; Norco 10-325 mg; and Promolaxen 100 mg. The initial physical therapy report from 7-29-15 documents post op shoulder pain and stiffness; loss of functional use of the left upper extremity for activities of daily living; left shoulder pain with all movements. The evaluation on 8-5-15 reports that she is in minimal amounts of pain, range of motion is great; attending physical therapy twice a week and does home exercise program daily. Percocet is taken as needed. Range of motion left shoulder for flexion is approximately 170 degrees with mild pain at the endpoints; neurovascular intact distally; ecchymosis was noted on the anterior deltoid. The plan is to continue with the use of their Vascutherm cold therapy units 3-4 times a day to aid in their postoperative rehabilitation and inflammation reduction; continue with formal physical therapy and home exercise program. Current requested treatments Retrospective Vascutherm 30 day post op for the left shoulder (DOS 7-28-15). The patient had received an unspecified number of the PT visits for this injury.

The patient's other surgical history include left knee arthroscopy in 2004; right knee surgery in 2003; right hand surgery in 1993. Per the note dated 8/12/15 the patient had complaints of mild fever. Physical examination of the left shoulder revealed no drainage, no warm skin, 99.7 temperature, flexion 160 degree, and normal neurovascular examination. The patient has had history of GI bleeding.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Vascutherm 30 day post op for the left shoulder (DOS 7/28/15): 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 Chapter, Compression garments, Cold compression therapy, Venous thrombosis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (updated 09/08/15), compression garments, Cold compression therapy, Venous thrombosis, Forearm, Wrist, & Hand (updated 06/29/15), Vasopneumatic devices, Knee & Leg (updated 07/10/15), Compression garments.

Decision rationale: Request: Retrospective Vascutherm 30 day post op for the left shoulder (DOS 7/28/15) ACOEM and CA MTUS chronic pain guidelines do not address this request. Therefore ODG was used. Per the cited guidelines vasopneumatic device is "Recommended as an option to reduce edema after acute injury." Cold compression therapy: Not recommended in the shoulder, as there are no published studies. Evidence of significant edema requiring compression therapy was not specified in the records provided. The details of PT or other types of therapy done were not specified in the records provided. Evidence of diminished effectiveness of medications was not specified in the records provided. The medical necessity of the request for Retrospective Vascutherm 30 day post op for the left shoulder (DOS 7/28/15) is not fully established in this patient. The request is not medically necessary.