

Case Number:	CM15-0167176		
Date Assigned:	09/04/2015	Date of Injury:	01/30/2015
Decision Date:	10/07/2015	UR Denial Date:	08/06/2015
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: North Carolina

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 36 year old male who sustained an industrial injury on 1-30-15. In an operative report dated 6-19-15, the physician notes the post-operative diagnosis of left shoulder anterior-inferior labral tear with os acromionale with subacromial and subdeltoid bursitis, chronic anterolateral external impingement with labral tear and glenohumeral chondromalacia and synovitis, left shoulder. No complications of the surgery were noted and he is noted to have tolerated the procedure well. Prior to surgery, the injured worker continued to have persistent pain rated at 7 out of 10 and given that conservative treatment had not been effective, he proceeded with left shoulder surgery. A 7-2-15 progress report notes post-operatively, he was in a sling and was instructed to ice the shoulder, use anti-inflammatories, follow up in 4-6 weeks and will start physical therapy for range of motion gradual strengthening. Work status was total temporary disability. The requested treatment is for a retrospective vascutherm for 14-day rental and a retrospective compression therapy pad for purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Vascutherm (14 days rental): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ACOEM does recommend the at home local application of cold packs the first few days after injury and thereafter the application of heat packs. The Official Disability Guidelines section on cryotherapy states: Recommended as an option after surgery but not for non-surgical treatment. The request is for post surgical use, but the ODG places a finite period of time (7 days) that is recommended for use after surgery. The request is in excess of this period and therefore is not medically necessary.

Retro Compression therapy pad (purchase): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder, surgery.

Decision rationale: The ACOEM and California MTUS do not specifically address the requested medication. The ODG states compression therapy is not necessary after shoulder surgery but may be indicated in surgery of other body parts. The patient will be post shoulder surgery and therefore the request is not medically necessary.