

Case Number:	CM15-0186977		
Date Assigned:	09/29/2015	Date of Injury:	05/21/2012
Decision Date:	11/10/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/23/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 52 year old female, who sustained an industrial injury on 05-21-2012. She has reported subsequent right arm, neck, right shoulder and bilateral low back pain and was diagnosed with chronic cervical pain status post cervical surgery on 06-17-2014, chronic thoracic pain, thoracic or lumbosacral neuritis or radiculitis, degeneration of lumbar and cervical intervertebral disc, chronic right shoulder pain, right shoulder adhesive capsulitis, biceps tendonitis, and impingement syndrome. The injured worker was also diagnosed with liver disease and was noted to smoke cigarettes. Treatment to date has included pain medication, surgery, physical therapy and a home exercise program which were noted to have failed to significantly relieve the pain. The injured worker had right shoulder manipulation, arthroscopic biceps tenotomy, and arthroscopic subacromial decompression performed on 06-29-2015, and started post-operative physical therapy. In a progress note dated 07-16-2015, the injured worker reported worsening right arm, neck, right shoulder, and low back pain that was rated as 8 out of 10 with medications and 10 out of 10 without medications. The physician noted that the injured worker was able to go out with assistance, was resting or reclined 0-25% of the waking day, was not up and out of bed daily or out of the house daily. Objective examination findings showed morbid obesity. The injured worker was observed to transfer independently without the use of assistive devices. Post-operative physical therapy was ordered and as per a 08-04-2015 physical therapy note, the injured worker's shoulder was observed to be really sore. The injured worker was educated on a home exercise program and vasocompression and e-stimulation of the shoulder were provided. The injured worker was requested to hold off on all activity for 48 hours and to only rest and use ice with no other activities in order to decrease shoulder symptoms. Work status was documented as off work. A request for authorization of Vascutherm was submitted. There was no explanation as to the reason for the request. As per the 09-04-2015 Utilization Review, the request for Vascutherm was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm: 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 Chapter, Leg Chapter, Cold compression devices.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder (Acute & Chronic), Cold compression therapy. ODG, Shoulder (Acute & Chronic), Continuous-flow cryotherapy.

Decision rationale: Per the Official Disability Guidelines (ODG), cold compression therapy (e.g. Vascutherm) is not recommended in the shoulder, as there are no published studies. However, the ODG does state that continuous-flow cryotherapy is recommended as an option after surgery, and that postoperative use generally may be up to 7 days, to include home use. Postoperatively, continuous-flow cryotherapy has been proven to decrease pain, inflammation, swelling, and narcotic usage. In the case of this injured worker, continuous-flow cryotherapy may be beneficial; however, compression therapy for the shoulder is not recommended per the guidelines, and the treatment period is outside the initial postoperative period. Therefore, the requested Vascutherm cold compression is not medically necessary and appropriate.