MAXIMUS Federal Services

Case Number:	CM15-0188116		
Date Assigned:	09/30/2015	Date of Injury:	10/30/2013
Decision Date:	11/09/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/24/2015

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
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:

This is a 50 year old female with a date of injury on 10-30-2013. A review of the medical records indicates that the injured worker is undergoing treatment for right shoulder impingement, right rotator cuff tear and radicular pain of right upper extremity. Per the progress report dated 8-12-2015, the injured worker complained of right shoulder pain rated 8 out of 10. According to the orthopedic surgery office visit dated 9-4-2015, the injured worker complained of burning and tingling pains that radiated from the right shoulder and neck into her fingers. It was noted that intensifying pain started two weeks ago. She was one month status post cuff repair. Per the treating physician (8-12-2015), the injured worker was temporarily totally disabled. The physical exam (8-12-2015 to 9-4-2015) revealed "right shoulder wounds healed, in a sling." There was tenderness in the subdeltoid bursa. Treatment has included surgery and medications. The injured worker underwent right shoulder surgery on 8-6-2015. The request for authorization dated 9-3-2015 was for an additional 30 days of Vascutherm. The original Utilization Review (UR) (9-11-2015) denied a request for Vascutherm 30 day rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm 30 day rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (acute & chronic) chapter under Continuous-flow cryotherapy.

Decision rationale: The current request is for Vascutherm 30 day rental. Treatment has included right shoulder surgery 08/06/15, physical therapy, injections and medications. The patient is temporarily totally disabled. ODG guidelines, Shoulder (acute & chronic) chapter under Continuous-flow cryotherapy, states the following: 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 usage; however, the effect on more frequently treated acute injuries (eg, muscle strains and contusions) has not been fully evaluated. Per the progress report dated 08/12/15, the patient presents with continued right shoulder pain rated 8 out of 10 following the right shoulder surgery on 08/06/15. The physical examination revealed "right shoulder wounds healed, in a sling." There was tenderness in the subdeltoid bursa. The request is for 30 days of Vascutherm rental. In regard to the 30 day rental of a cold therapy unit, the provider has exceeded guideline recommendations. Official Disability Guidelines specify a 7 day rental for post-operative recovery, and the request for a 30 day rental exceeds what is recommended by MTUS. Therefore, the request is not medically necessary.