

Case Number:	CM15-0199195		
Date Assigned:	10/14/2015	Date of Injury:	06/01/2013
Decision Date:	11/24/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/09/2015

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: Florida

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 63-year-old male who sustained an industrial injury on 6-1-2013. Diagnoses have included osteoarthritis of the shoulder region. Documented treatment includes physical therapy "without relief," Tiger Balm, ice, and Motrin. On 7-15-2012 the physician notes that the injured worker's shoulder has been hurting all the time with VAS sore of pain ranging between 5 and 10 out of 10, interfering with sleep and making him feel "miserable." Examination noted tenderness over his AC joint and biceps. Elevation was noted to about 150 degrees, abduction 70 degrees, external rotation to 20 degrees, and internal rotation to mid lumbar spine. Scapulothoracic dyssynchrony was noted. The physician stated he was "unstable by clinical examination." The treating physician's plan of care includes shoulder arthroplasty, and requested a 14 day rental of Vascutherm which was modified to 7 day rental on 9-30-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm times 14 day rental: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder (Acute & Chronic) / Continuous Flow Cryotherapy. ODG Online edition 2015.

Decision rationale: This independent medical review is to determine the medical necessity of a Vascutherm device. The Vascutherm is a device that provides heat, cold (without ice), compression, and/or DVT prophylaxis therapy. In this patient's case, he is postop from a surgical procedure that can result in considerable blood loss. Cryotherapy devices in these cases are considered medically reasonable and appropriate in order to reduce the amount of blood loss. Utilization review only partially certified this request due to ODG guidelines stating that a 7-day only rental is recommended for certification. If benefit is shown with this 7-day rental consideration may be given to an additional 7 days (with the appropriate documentation.) In keeping with ODG guideline recommendations, a 14-day rental of a Vascutherm device is not considered medically necessary at this time.