

Case Number:	CM15-0022619		
Date Assigned:	02/12/2015	Date of Injury:	08/10/2007
Decision Date:	12/14/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/06/2015

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: Preventive Medicine, Occupational Medicine

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 41-year-old male with a date of industrial injury 8-10-2007. The medical records indicated the injured worker (IW) was treated for status post decompression, left shoulder. The operative report submitted showed the IW had a left shoulder arthroscopy on 11-12-14. In the progress notes (11-20-14), the IW was "doing well" and his sutures were removed. He was seen again on 12-3-14 and his left shoulder pain was 3 to 8 out of 10. Pain was improved by rest, ice and medications. Medications included Norco and Ibuprofen. On examination (12-3-14 notes), passive range of motion of the left shoulder was decreased, painful and guarded. There was diffuse tenderness to palpation. The portal incisions were well healed and the neurovascular status was intact. Any attempt at impingement testing caused diffuse shoulder pain. Treatments included left shoulder surgery and physical therapy. The IW was temporarily totally disabled. Cold therapy was requested for post-op left shoulder pain. A Request for Authorization was received for retrospective Vascutherm rental (30 days, 12-12-14 to 1-10-15). The Utilization Review on 1-20-15 non-certified the request for retrospective Vascutherm rental (30 days, 12- 12-14 to 1-10-15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Vascutherm rental (30 days, 12/12/14-01/10/15): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Cold Compression Therapy Section/Continuous-flow Cryotherapy Section.

Decision rationale: The MTUS Guidelines do not address the use of cold compression therapy for the shoulder. The ODG does not recommend the use of cold compression therapy for the shoulder as there are no published studies. Continuous-flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to seven days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage. In this case, the injured worker underwent decompression of the left shoulder on 11-12-14. On 11-20-14 he was doing well and pain was reduced with rest, ice, and medications. There was a request for a Vascutherm unit on 12-3-14 for a one month rental from 12-12-14 to 1-10-15. The injured worker was already doing well with the local application of available ice and it is unclear why this unit was requested for one month post-surgery when it would have been less beneficial. The request for retrospective Vascutherm rental (30 days, 12/12/14-01/10/15) is not medically necessary.