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| Case Number: | CM15-0042502 | | |
| Date Assigned: | 03/12/2015 | Date of Injury: | 10/22/2004 |
| Decision Date: | 04/22/2015 | UR Denial Date: | 02/16/2015 |
| Priority: | Standard | Application Received: | 03/06/2015 |

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 53 year old female, who sustained an industrial injury on October 22, 2004. She reported problems with her bilateral shoulders. The injured worker was diagnosed as status post repeat right shoulder arthroscopic surgery with residual limitation of movement and persistent pain and full thickness tear of left rotator cuff. Treatment to date has included diagnostic studies, medication, cortisone injections, surgery and physical therapy. On August 20, 2014 the injured worker complained of frequent pain in her left shoulder. She experiences clicking and catching noises. The pain is aggravated by activities such as lifting, pushing, pulling or use of her arm at or above shoulder height. Physical examination of the left shoulder revealed considerable tenderness in the subacromial bursa and over the exposed portion of the rotator cuff. She had limited range of motion. The treatment plan included medication, exercises, ice packs, home physiotherapy and left shoulder arthroscopic rotator cuff repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm Cold Compression Unit x additional 14-day rental for the left shoulder:

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, Continuous-flow cryotherapy.

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, Continuous flow cryotherapy.

Decision rationale: This 53 year old female has complained of shoulder pain since date of injury 10/22/04. She has been treated with right shoulder surgery, steroid injection, physical therapy and medications. The current request is for Vascutherm Cold Compression Unit x additional 14-day rental for the left shoulder. Per the ODG guidelines cited above, a cold compression unit is recommended as an option after surgery but not for non-post operative use and not for longer than 7 days. On the basis of the ODG guidelines cited above, vascutherm Cold Compression Unit x additional 14-day rental for the left shoulder is not indicated as medically necessary.