

Case Number:	CM15-0051429		
Date Assigned:	03/24/2015	Date of Injury:	05/29/2011
Decision Date:	05/06/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/18/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 69 year old male, who sustained an industrial injury on 5/29/2011. Diagnoses include adhesive capsulitis right shoulder, bicipital tenosynovitis and rotator cuff syndrome unspecified. Treatment to date has included diagnostics, surgical intervention (right shoulder subacromial decompression, 10/2013), injections, physical therapy, and medications. Per the Primary Treating Physician's Progress Report dated 1/07/2015, the injured worker reported pain and stiffness in the right shoulder/upper arm. Physical examination revealed focal tenderness at the coracoid, LH biceps and subscapularis. There was slight infraspinatus atrophy. Active and passive range of motions is limited. There was decreased strength against resistance due to pain and discomfort at the extremes. The plan of care included manipulation under anesthesia. Work status was to remain off work. Authorization was requested for vascultherm x 21 days for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascultherm times 21 days for the right 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) Treatment Index, 11th Edition (web) 2013, Shoulder, Cold compression therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder, Cold Compression Therapy.

Decision rationale: The official disability guidelines do not recommend the use of a Vascutherm device for the shoulder, as there are no published studies that demonstrate its efficacy. There has been an RCT underway since 2008 to evaluate and compare clinical post-operative outcomes for patients using an active cooling and compression device (Game Ready), and those using ice bags and elastic wrap after acromioplasty or arthroscopic rotator cuff repair, but the results are not available. Considering the lack of evidence for the use of this device for 21 days, this request is not medically necessary.