

Case Number:	CM15-0052129		
Date Assigned:	03/25/2015	Date of Injury:	01/17/2012
Decision Date:	05/05/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/19/2015

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, 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 46-year-old male, who sustained an industrial injury on 1/17/12. The injured worker has complaints of right shoulder pain. He feels a clicking sensation and a pop in his shoulder with forward elevation and he feels the pain when he is reaching for something in his car. The diagnoses have included right shoulder rotator cuff tear; biceps instability and tendinitis and impingement syndrome. Treatment to date has included X-rays of the cervical spine and right shoulder; Magnetic Resonance Imaging (MRI) appears to have a supraspinatus tear with mild retraction, type -2 acromion was noticed and severe subacromial bursitis was noted; injections; physical therapy and medications. The request was for Vascutherm cold compression (14 Day Rental) for right shoulder and compression therapy wrap (Purchase) for right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm Cold Compression (14 Day Rental) for 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).

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 section.

Decision rationale: Regarding the request for Vascutherm Cold Compression rental, the CA MTUS and ACOEM do not directly address this issue. While these guidelines recommend cold/heat application, they do not have details of cold/heat units. ODG cites that continuous-flow cryotherapy is recommended as an option after surgery for up to 7 days, including home use, but not for non-surgical treatment. Within the documentation available for review, the request is for a 14-day rental following surgery of the shoulder. This is in excess of guidelines, which specify for a rental of 7 days only. As such, the current request is not medically necessary.

Compression Therapy Wrap (Purchase) for 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).

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.

Decision rationale: Regarding the request for a compression therapy wrap, California MTUS and ACOEM do not contain criteria related to this request. Although cold packs are addressed, compression wraps are not addressed. The ODG states that cold compression therapy is "not recommended" for the shoulder as there are no published studies. As such, the currently requested compression therapy is not medically necessary.