

Case Number:	CM15-0057547		
Date Assigned:	05/15/2015	Date of Injury:	12/11/2009
Decision Date:	06/17/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/26/2015

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

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 female, who sustained an industrial injury on December 11, 2009. She reported right shoulder, upper extremity, back and lower extremity pain, circulatory system, stress, and psychological symptoms after tripping and falling over a light tripod. The injured worker was diagnosed as having major depressive disorder, status post right carpal tunnel release, status post left cubital tunnel release, chronic lumbosacral strain and magnifying and malingering symptoms. Treatment to date has included diagnostic studies, radiographic imaging, surgical intervention of the bilateral upper extremities, conservative care, medications and work restrictions. Currently, the injured worker complains of continued bilateral upper and lower extremity pain, right shoulder pain and low back pain with associated depression and anxiety. The injured worker reported an industrial injury in 2009, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on September 26, 2014, revealed continued pain as noted with associated symptoms. It was noted he prognosis was poor secondary to the diagnosis of magnifying and malingering symptoms. Evaluation on January 8, 2015, revealed continued pain with associated symptoms. Cold therapy for 7 days was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascuthen cold therapy x 7 days: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, pages 909-910.

Decision rationale: The patient is s/p TKA on 11/7/12. AME report of 4/10/14 had recommended right shoulder arthroscopy with pain management for the low back. Report of 2/3/15 noted plans for shoulder arthroscopy although it is not clear if this has been approved. Request include the combination Vascutherm cold therapy system. The vascutherm device provides heat and cold compression therapy wrap for the patient's home for indication of pain, edema, and DVT prophylaxis for post-operative orthopedic patients. The patient underwent surgical procedure and the provider has requested for this hot/cold compression unit. Submitted reports have not demonstrated any obesity condition, smoking history, or intolerance to anticoagulants in the prevention of DVT nor identified how the procedure would prevent the patient from mobility post surgery. Rehabilitation to include mobility and exercise are recommended post-surgical procedures as a functional restoration approach recommended by the guidelines. MTUS Guidelines is silent on specific use of cold compression therapy, but does recommend standard cold pack. ODG Guidelines specifically addresses the short-term benefit of cryotherapy post-surgery; however, limits the use for 7-day post-operative period, as efficacy has not been proven after; however, has no recommendation for the vascutherm combined unit. The Vascuthen cold therapy x 7 days is not medically necessary and appropriate.