

Case Number:	CM15-0058755		
Date Assigned:	04/03/2015	Date of Injury:	06/15/2012
Decision Date:	05/04/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/27/2015

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 54-year-old female, who sustained an industrial injury on 6/15/2012. She reported cumulative trauma to the bilateral shoulders from folding gowns. Left shoulder MRI showed a massive rotator cuff tear. The injured worker was diagnosed as having a left shoulder rotator cuff tear and status post left shoulder arthroscopy with rotator cuff repair and distal clavicle excision (1/23/2015), status post right elbow surgery (2014) and prior surgery on the right shoulder (2013). Treatment to date has included surgery, physical therapy, injections and medications. In a preoperative progress note dated 1/13/2015, the injured worker complains of left shoulder pain with pending left shoulder arthroscopy on 1/23/2015. The treating physician is requesting post-operative Vascutherm-14 day rental for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm 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 - Treatment for Workers' Compensation (ODG-TWC) 2014; ODG-TWC 2013 Guides (Knee Chapter).

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: During the weeks following surgery, mobility is an issue, making the vascultherm unit necessary in preventing any risk of DVT developing while being immobile for multiple hours at a time. The vascultherm 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. Treatment plan include pending left shoulder arthroscopy. The provider has requested for this vascultherm unit; however, has not submitted reports of any risk for deep venous thrombosis resulting from required non-ambulation, immobility, obesity or smoking factors. 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 vascultherm cold/heat compression therapy, but does recommend standard cold pack for post exercise. 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. The Vascultherm 14 day rental for the left shoulder is not medically necessary and appropriate.