

Case Number:	CM15-0086846		
Date Assigned:	05/11/2015	Date of Injury:	08/28/2013
Decision Date:	07/02/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/06/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 32-year-old who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of August 28, 2013. In a Utilization Review report dated April 16, 2015, the claims administrator failed to approve a VascuTherm shoulder garment device. The claims administrator referenced a RFA form on April 8, 2015 in its determination, along with an associated progress note dated March 2, 2015. The request was seemingly framed as a request for postoperative usage of the device in question. The applicant's attorney subsequently appealed. On February 11, 2015, the applicant reported ongoing complaints of shoulder pain status post earlier shoulder arthroscopy on June 4, 2014. Ancillary complaints of neck and low back pain were reported. The applicant was using Norco, Naprosyn, Robaxin, Fioricet, and Protonix, it was reported. A cervical pillow and electrodiagnostic testing were endorsed. The applicant received trigger point injections in the clinic. The applicant's work status was not detailed. The applicant's past medical history was likewise not detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm Shoulder Garment, purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder chapter - Cold compression therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Integrated Treatment/ Disability Duration Guidelines Shoulder Disorders, Compression garments, Continuous-flow cryotherapy and Other Medical Treatment Guidelines http://www.thermotekusa.com/md_vascutherm.php.

Decision rationale: No, the request for a VascuTherm shoulder garment purchase was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. Based on the description of events set forth by the attending provider and the claims administrator, the request appeared to represent a retrospective request for postoperative usage of a VascuTherm device and provision of associated shoulder garment following earlier shoulder arthroscopy. The VascuTherm product description suggested that the VascuTherm device represents a means of delivering cold compression therapy, continuous cooling therapy, and/or DVT prophylaxis. However, ODG's Shoulder Chapter Compression Garments topic states that compression garments are not generally recommended in the shoulder, noting that DVTs are very rare following shoulder arthroscopy surgery, as apparently transpired here. Here, there was no mention of the applicant being an individual with heightened risk for development of blood dyscrasias, postoperative DVT, etc. There was no mention of the applicant's having issues with prior DVT, a history of neoplasm, or other risk factor which would predispose the applicant toward development of a postoperative DVT. Similarly, ODG's shoulder topic continuous flow cryotherapy also noted that continuous flow cryotherapy should be limited to 7 days of postoperative use. Here, thus the request for purchase of the VascuTherm shoulder garment, thus, ran counter to ODG principles and parameters. Therefore, the request was not medically necessary.