

Case Number:	CM13-0033840		
Date Assigned:	12/06/2013	Date of Injury:	09/01/2009
Decision Date:	01/27/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 58 year old female with a 10/16/2013 date of injury. The specific mechanism of injury has not been described. The progress report dated 9/26/13 indicates that the patient continues to have a symptomatic left shoulder. Physical exam demonstrates limited left shoulder range of motion, positive impingement testing. Treatment to date has included physical therapy, activity modification and subacromial injection. The patient underwent left shoulder arthroscopy recently. The request is for Vascutherm for Cold Compression E1399 and Wrap E0665 (30 Day Post Op Use) (Rental) S/P Left Shoulder Arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm for cold compression and wrap (30 day post operative use) (rental): 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) (Knee and Leg 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 page 11, Continuous Flow Cryotherapy.

Decision rationale: CA-MTUS (Effective July 18 2009) is mute on this topic. ODG Shoulder Chapter page 11, Continuous Flow Cryotherapy (e.g. Vascutherm) is recommended as an option after surgery, but not for non-surgical treatment. Post operative use generally may be up to 7 days, including home use. In the post-operative setting, continuous cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage, however, the effect on more frequently treated acute injuries (e.g. muscle strains and contusions) has not been fully evaluated. Continuous-flow cryotherapy units provide requested temperature through use of power to circulate ice water in the cooling packs. The request is for Vascutherm for Cold Compression E1399 and Wrap E0665 (30 Day Post Op Use) (Rental) S/P Left Shoulder Arthroscopy, is significantly beyond the 7 days approved for post-surgical use, therefore it is not medical necessary.