

Case Number:	CM14-0178657		
Date Assigned:	11/03/2014	Date of Injury:	05/13/2013
Decision Date:	12/08/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	10/28/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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 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/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:

This is a female patient with a date of injury of May 13, 2013. A utilization review determination dated October 22, 2014 recommends non-certification of Vascutherm 4W/OVT cold compression. A progress note dated September 4, 2014 identifies subjective complaints of right elbow pain with some swelling. The physical examination reveals healing incision. The diagnosis is status post extensor tendon release. The treatment plan recommends home exercise program, medication is given for pain, and will probably start physical therapy at the time of her next visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm 4W/OVT, cold and compression: 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), Shoulder Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome Chapter, Cold packs and Heat therapy; Shoulder Chapter, Compression Garments

Decision rationale: Regarding the request for Vascutherm 4W/OVT, cold and compression, California MTUS and ODG do support the use of simple heat/cold packs. However, more sophisticated treatment is not supported except in the first 7 days following surgical intervention. Regarding the compression device, guidelines state that deep venous thrombosis and pulmonary embolism are rare following upper extremity surgery especially shoulder arthroscopy. Mechanical or chemical prophylaxis should be administered for patients with identified coagulopathic risk factors. Within the documentation available for review, there is no documentation supportive of the need for compression and cold therapy. Furthermore, there is no indication that the patient has undergone a preoperative workup indicating that the patient is at high risk for coagulopathy. In the absence of such documentation, the currently requested Vascutherm 4W/OVT, cold and compression is not medically necessary.