

Case Number:	CM14-0028798		
Date Assigned:	06/16/2014	Date of Injury:	10/30/2011
Decision Date:	09/08/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	03/06/2014

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 Orthopedic Surgery 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 54-year-old gentleman with a date of injury of 10/30/11 which injured his right shoulder. The recent utilization of review process has certified requests for surgery to include a shoulder arthroscopy with subacromial decompression and rotator cuff assessment. Surgery is noted to have taken place on 01/27/14. There are currently postsurgical requests that include a 30 day use of VascuTherm cold therapy unit with a right shoulder wrap for purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm Cold/Compression Unit 30 Days Rental For The Right 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, Knee and Leg Chapter, Shoulder Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205, 555-556. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Worker's Comp, 18th Edition, 2013 Updates, Shoulder procedure - Continuous-flow cryotherapy.

Decision rationale: Based on California ACOEM Guidelines and supported by Official Disability Guidelines criteria, VascuTherm cold therapy compressive device would not be

indicated. In the postoperative setting, guidelines do support the use of acute cold therapy and cryotherapy for up to seven days including home use. There is, however, no current indication for the use of the above device for a 30 day rental as requested in this setting. This specific request would not be indicated. Therefore, this request is not medically necessary.

Right Shoulder Wrap Unit for 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, Knee and Leg Chapter, Shoulder Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205, 555-556.

Decision rationale: Based on California ACOEM Guidelines a "wrap" for associated use with the VascuTherm device that has not been supported also would not be supported as medically necessary.