

Case Number:	CM14-0211595		
Date Assigned:	12/24/2014	Date of Injury:	12/29/2004
Decision Date:	02/19/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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, Tennessee, South Carolina
 Certification(s)/Specialty: Orthopedic Surgery, Sports 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:

According to the records made available for review, this is a 65-year-old male with a 12/29/04 date of injury, and right shoulder arthroscopic rotator cuff repair on 12/04/14. At the time (10/17/14) of request for authorization for Post op Vascutherm for Cold Compression (Rental) QTY: 30.00, there is documentation of subjective (right shoulder pain which awakens the patient at night) and objective (decreased range of motion, painful arc or motion, positive impingement, and 4/5 supraspinatus strength) findings, current diagnoses (right shoulder subacromial impingement with internal rotation contracture and long head of the biceps tendinitis), and treatment to date (medications, injections, and physical therapy). There is no documentation that the patient is at a high risk of developing venous thrombosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postop Vascutherm for Cold Compression (Rental) QTY: 30.00: 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), Treatment Index, 9th Edition (web),. 2011, Shoulder-Continuous Flow Cryotherapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Polar care (cold therapy unit); Venous thrombosis Other Medical Treatment Guideline or Medical Evidence: (<http://www.sosmedical.net/products/featured-products/vascutherm/>)

Decision rationale: An online source identifies Vascutherm as a device that provides heat/cold compression and DVT prophylaxis therapy. MTUS does not address this issue. ODG identifies that continuous-flow cryotherapy is recommended as an option after surgery for up to 7 days, including home use. In addition, ODG identifies documentation of subjects who are at a high risk of developing venous thrombosis, as criteria necessary to support the medical necessity of DVT prevention system. Within the medical information available for review, there is documentation of diagnoses of right shoulder subacromial impingement with internal rotation contracture and long head of the biceps tendinitis. In addition, there is documentation of a right shoulder arthroscopic rotator cuff repair on 12/04/14. However, there is no documentation that the patient is at a high risk of developing venous thrombosis. In addition, the requested Post op Vascutherm for Cold Compression (Rental) QTY: 30.00 exceeds guidelines (up to 7 days, including home use). Therefore, based on guidelines and a review of the evidence, the request for Post op Vascutherm for Cold Compression (Rental) QTY: 30.00 is not medically necessary.