

Case Number:	CM15-0014248		
Date Assigned:	02/02/2015	Date of Injury:	04/05/2014
Decision Date:	03/19/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/26/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 injured worker is a 43 year old female, who sustained an industrial injury on 4/5/2014. She reports a shoulder injury. Diagnoses include status post right shoulder arthroscopy with shoulder decompression and depression performed in November 2014. . Treatments to date include above mentioned surgery, physical therapy and medication management. A progress note on 11/20/14 indicate the claimant had continued shoulder pain 2 weeks after surgery. The treating physician requested a 21 day extension of the Vascutherm device. A progress note from the treating provider dated 12/11/2014 indicates the injured worker reported continued shoulder pain. On 1/16/2015, Utilization Review non-certified the request for Vascutherm, citing Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder and knee

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cold compression and shoulder pain

Decision rationale: Vascutherm is a device that provides heat, cold, compression and DVT prophylaxis. According to the ODG guidelines, cold compression of the shoulder is not recommended due to lack of studies. Deep venous thrombosis and pulmonary embolism events are common complications following lower-extremity orthopedic surgery, but they are rare following upper-extremity surgery, especially shoulder arthroscopy. Based on the prolonged post-op request for use and lack of clinical evidence for its long-term use, the Vascutherm is not medically necessary.