

Case Number:	CM15-0117934		
Date Assigned:	06/26/2015	Date of Injury:	09/03/2014
Decision Date:	07/29/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/18/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 24 year old male who sustained an industrial injury on 9/3/14. Diagnoses are right shoulder labral tear, status post right shoulder arthroscopy, loose body removal, and labral debridement-5/14/15. In a progress report dated 5/11/15, a treating physician notes he is scheduled for right shoulder arthroscopic labral repair surgery. Pain of the anterior shoulder is rated at 7/10. He has had 3 acromioclavicular joint repairs on the right shoulder. Medications are Vicodin, Dilaudid, Lorazepam, Meloxicam, Tramadol, and Prilosec. He denies any bleeding or blood clotting problems. The operative report dated 5/14/15 notes the treatment plan is a sling until he is seen in follow-up and then progress in motion and physical therapy. In a progress report dated 5/22/15, a treating physician notes he states he is doing well. Pain has been mild. He is able to wiggle fingers and sensation is intact. Wounds are healing and without signs of infection. The treatment plan is to continue with home exercise program, refer to physical therapy and to discontinue use of the sling. Works status is he is off work for 3 months. The requested treatment is durable medical equipment-Vascutherm Intermittent Compression Device for 30-day rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME Vascutherm Intermittent Compression Device: 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: CPM.

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, pages 909-910.

Decision rationale: The patient is s/p shoulder arthroscopy with current request for DME Vascutherm compression device for 30-day rental. The Vascutherm device provides heat and cold compression therapy wrap for the patient's home for indication of pain, edema, and DVT prophylaxis for post-operative orthopedic patients. The patient underwent surgical arthroscopic procedure and the provider has requested for this hot/cold compression unit. Submitted reports have not demonstrated any obesity condition, smoking history, or intolerance to anticoagulants in the prevention of DVT nor identified how the procedure would prevent the patient from mobility post-surgery. Rehabilitation to include mobility and exercise are recommended post-surgical procedures as a functional restoration approach recommended by the guidelines. MTUS Guidelines is silent on specific use of cold compression therapy, but does recommend standard cold pack for post exercise. ODG Guidelines specifically addresses the short-term benefit of cryotherapy post-surgery; however, limits the use for 7-day post-operative period as efficacy has not been proven after. Therefore, the request for DME Vascutherm Intermittent Compression Device is not medically necessary and appropriate.