

Case Number:	CM15-0066617		
Date Assigned:	04/14/2015	Date of Injury:	01/31/2014
Decision Date:	05/15/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/08/2015

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 34 year old male, who sustained an industrial injury on 1/31/2014. He reported right shoulder pain with repetitive lifting activity. Diagnoses include right shoulder strain, bursitis, and adhesive capsulitis. He is status post right shoulder arthroscopy on 11/20/14. Treatments to date include analgesic, anti-inflammatory, cortisone joint injection, and physical therapy. Currently, he complained of bilateral shoulder pain. On 3/2/15, the physical examination documented tenderness of the shoulder region. The provider's impression was left shoulder impingement with contracture despite conservative treatment including home exercise, physical therapy, and therapeutic injections. The plan of care included left shoulder arthroscopy and associated services pre and post operatively.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Vascutherm: 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 (Acute & Chronic) Official Disability Guidelines- shoulder (Acute & Chronic).

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, continuous-flow cryotherapy.

Decision rationale: The patient presents with pain and weakness in his shoulder and upper extremity. The patient is s/p right shoulder arthroscopy on 11/20/14 and left shoulder arthroscopy on 03/10/15. The request is for Vascutherm. Per 03/16/15 progress report, the patient is attending PT and doing HEP. Examination shows full range of shoulder ROM with moderate scapular dyskinesia bilaterally. Work status is unknown. ODG guidelines shoulder chapter has the following regarding continuous-flow cryotherapy under shoulder: "Recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use." In this case, the treater requested Vacutherm as a post-operative aid, following the left shoulder arthroscopy performed on 03/10/15. The current request is without duration and ODG only allows cold therapy units for 7 days post-op. Therefore, the request is not medically necessary.