

Case Number:	CM15-0068531		
Date Assigned:	04/16/2015	Date of Injury:	06/24/2014
Decision Date:	05/19/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/10/2015

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: Montana

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker is a 45-year-old female with a date of injury of 6/24/14. Her injury is a repetitive strain type of injury involving both shoulders. She complains of severe L>R shoulder pain with significant loss of motion. Her diagnosis is adhesive capsulitis of the bilateral shoulders. Treatment has consisted of medications, activity modification, physical therapy with home exercise program and shoulder injections. Left shoulder MRI on 9/25/14 revealed down sloping acromion with a spur, impingement, subacromial/subdeltoid bursitis and a focal supraspinatus partial tear. The primary treating physician has requested surgery to include manipulation under anesthesia and left arthroscopic capsulectomy, which is not yet approved. Vascutherm 4 Unit with SCORE, 21 days rental is also requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

21 days rental of Vascutherm 4 Unit with SCORE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, Shoulder chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Continuous-flow cryotherapy and product information.

Decision rationale: The VascuTherm solid-state device provides heat, cold (without ice), compression, and/or DVT prophylaxis therapy. The system is pre-programmed per written physician's instructions for fully automatic use in the patient's home. It is indicated for pain, edema, and DVT prophylaxis for the post-operative orthopedic patient. Continuous-flow cryotherapy units are recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries (eg, muscle strains and contusions) has not been fully evaluated. Continuous-flow cryotherapy units provide regulated temperatures through use of power to circulate ice water in the cooling packs. Complications related to cryotherapy (i.e, frostbite) are extremely rare but can be devastating. In this case, the use of the VascuTherm 4 Unit for non-surgical treatment is not supported by the guidelines. Post surgical use is recommended for up to 7 days. The request for 21 days rental of VascuTherm 4 Unit with SCORE is not consistent with the ODG guidelines and is not medically necessary.