

Case Number:	CM15-0092225		
Date Assigned:	05/18/2015	Date of Injury:	09/19/2014
Decision Date:	09/24/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/13/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 (IW) is a 56-year-old male who sustained an industrial injury on 09-19-2014. He reported feeling something snap in his shoulder while lifting a heavy object. The injured worker was diagnosed as having rotator cuff tendinosis, and bicipital tendonitis. Treatment to date has included physical therapy, medication, and activity restriction. Currently, the injured worker complains of pain and stiffness in the right shoulder. On examination, there is decreased range of motion in all planes. The impression is that of adhesive capsulitis, right shoulder. The treatment plan on 03-30-2015 was for an arthroscopic capsular release, lysis of adhesions and manipulation of the shoulder. A request for authorization was submitted for a Vascutherm Cold and Compression unit, 30 day extension.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm Cold and Compression unit, 30 day extension: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195-224. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder chapter (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: Continuous-flow cryotherapy.

Decision rationale: Vascutherm devices combine thermal and compression therapy. Continuous flow cryotherapy is 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 (e.g., 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. Cold compression therapy is not recommended in the shoulder, as there are no published studies. It may be an option for other body parts. There has been an RCT underway since 2008 to evaluate and compare clinical post-operative outcomes for patients using an active cooling and compression device, and those using ice bags and elastic wrap after acromioplasty or arthroscopic rotator cuff repair, but the results are not available. In this case, the requested 30-day extension surpasses the recommended maximum duration of 7 days for post surgical treatment. The request should not be authorized.