

Case Number:	CM15-0094273		
Date Assigned:	05/20/2015	Date of Injury:	04/16/2008
Decision Date:	06/26/2015	UR Denial Date:	05/02/2015
Priority:	Standard	Application Received:	05/15/2015

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: Texas, New York, California
 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 applicant is a represented 43-year-old who has filed a claim for chronic shoulder and elbow pain reportedly associated with an industrial injury of April 16, 2008. In a utilization review report dated May 2, 2015, the claims administrator denied a request for a VascuTherm device - 14-day rental. Non-MTUS ODG Guidelines were referenced in the determination. Overall rationale was sparse. The applicant's attorney subsequently appealed. The applicant was placed off work, on January 26, 2015, owing to ongoing complaints of shoulder and elbow pain. In an RFA form dated April 16, 2015, a right shoulder arthroscopy, an assistant surgeon, postoperative physical therapy, postoperative medications, a CPM rental, and a VascuTherm rental were sought. In an associated progress note of the same day, April 13, 2015, the applicant was described as having painful shoulder pain secondary to a partial-thickness rotator cuff tear with superimposed impingement syndrome. The applicant had undergone earlier elbow surgery, it was acknowledged. Authorization for shoulder surgery was sought. The applicant was given a rather proscriptive 5-pound lifting limitation. It was not stated whether the applicant was or was not working with said limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm with score for the right shoulder x 14 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Cold Compression Therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Integrated Treatment/ Disability Duration Guidelines Shoulder Disorders Compression garments, Cold compression therapy, Continuous-flow cryotherapy and Other Medical Treatment Guidelines VascuTherm2 Compression and Localized Thermal Therapy Device with DVT Prophylaxis Thermal Compression Therapy and DVT - Compression - Device with various wraps for arm, leg, etc.

Decision rationale: No, the request for a VascuTherm device was not medically necessary, medically appropriate, or indicated here. Per the product description, the request for a VascuTherm device represents a form of thermal compression therapy with DVT prophylaxis. The MTUS does not address the topic(s). However, ODG's Shoulder Chapter, Cold Compression Therapy Topic notes that cold compression therapy is not recommended in the shoulder. ODG's Shoulder Chapter, Continuous-Flow Cryotherapy Topic also notes that continuous cooling device is recommended for up to seven days of postoperative use. Here, however, the request for 14 days of postoperative use, thus, represents treatment in excess of ODG parameters. Another component of modality is usage of compressive garments for DVT prophylaxis purposes. However, ODG's Shoulder Chapter, Compression Garments Topic notes that compression garments are "not generally recommended" in the shoulder as DVT events following shoulder surgery are rare. Here, there is no mention of the applicant is having risk factors for DVT development. There is no mention of the applicant's has suffered previous DVTs, having a history of blood dyscrasias, etc. Since multiple modalities, which comprise the device, were not recommended, the entire device was not recommended. Therefore, the request was not medically necessary.