

Case Number:	CM15-0097163		
Date Assigned:	05/28/2015	Date of Injury:	02/16/2012
Decision Date:	07/01/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/20/2015

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, Indiana, Oregon
 Certification(s)/Specialty: Orthopedic Surgery

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 47 year old female, who sustained an industrial injury on 2/16/2012. She reported repetitive strain injury to the right wrist. Diagnoses include right carpal tunnel syndrome and right de Quervain's tenosynovitis; status post right carpal tunnel release in 2012, adhesive capsulitis of the shoulder, and lateral epicondylitis of the elbow. She is status post cervical fusion in 2008. Treatments to date include activity modification, medication management, Kenalog injection, cortisone injections, and physical therapy. Currently, she complained of right shoulder pain status post right shoulder arthroscopy on 2/24/15. On 3/3/15, the physical examination documented right shoulder active forward flexion at 110 degrees. There were no signs or symptoms of infection and sutures were removed. The plan of care included use of the vasutherm with DVT medical supply rental three to four times daily to aid in postoperative rehabilitation and inflammation reduction, for a thirty day extension.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Vasutherm with DVT, Rental for 30 day Extension (03/27/2015-04/25/2015): 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) Online Version, Venous thrombosis; Forearm, Wrist, & Hand, Online Version, Vasopneumatic devices.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder.

Decision rationale: CA MTUS/ACOEM is silent on the issue of cold compression therapy. According to the ODG, Cold compression therapy, it is not recommended in the shoulder as there are no published studies. It may be an option for other body parts such as the knee although randomized controlled trials have yet to demonstrate efficacy. As the guidelines do not recommend the requested DME for the shoulder surgery in this case, the request is not medically necessary.