

Case Number:	CM15-0098854		
Date Assigned:	06/01/2015	Date of Injury:	10/23/2013
Decision Date:	07/03/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/21/2015

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 60-year-old who has filed a claim for chronic shoulder and wrist pain reportedly associated with an industrial injury of October 23, 2013. In a Utilization Review report dated April 29, 2015, the claims administrator retrospectively denied VascuTherm DVT prophylaxis device and associated shoulder wrap apparently dispensed on or around April 20, 2015. The claims administrator referenced a RFA form dated April 27, 2015, in its determination. The applicant's attorney subsequently appealed. On June 4, 2015, the applicant reported ongoing complaints of neck and shoulder pain status post earlier left shoulder arthroscopy on May 7, 2015. The applicant was using Tylenol with Codeine, zaleplon, Relafen, Norvasc, and Norco, it was acknowledged. The applicant's medical history was notable for hypertension, peripheral neuropathy, knee degenerative joint disease, chronic low back pain, and carpal tunnel syndrome. The applicant had undergone shoulder arthroscopy on April 10, 2014 and May 7, 2015. The applicant was smoking daily as of this point, it was acknowledged. The applicant was severely obese, with a BMI of 43. Norco, Restoril, physical therapy, and a cervical MRI were endorsed. In an RFA form dated May 19, 2015, the attending provider apparently sought retrospective authorization for the VascuTherm device at issue.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Vascultherm unit 30 days post-operative protocol (4-28-15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

http://www.thermotekusa.com/md_vascultherm.php Official Disability Guidelines (ODG), 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 Continuous-flow cryotherapy, Compression garments and Other Medical Treatment Guidelines

http://www.thermotekusa.com/md_vascultherm4.php Vascultherm4 Iceless Cold Therapy, Compression and DVT Prophylaxis Therapy. Iceless Cold Therapy, Compression and DVT Prophylaxis Therapy. The Vascultherm4 by ThermoTek delivers a totally unique and proprietary thermal compression therapy solution in one easily transportable device. Solid-state technology eliminates the need for ice, offers precise temperature control for preventing thermal tissue damage and delivers exceptional reliability. The Vascultherm4 offers highly effective DVT prophylaxis through unique and programmable multiple treatment modalities - combining heating/cooling temperature management with vascular compression.

Decision rationale: No, the Vascultherm device 30-day rental was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. Based on the product description, the Vascultherm device represents a combination of DVT prophylaxis/continuous cooling device with associated cold garment. ODG's Shoulder Chapter compression garment topic notes that compression garment such as Vascultherm are not recommended in the shoulder as development of DVT is extremely rare following shoulder surgery, especially shoulder arthroscopy surgery, as apparently transpired here. In a similar vein, ODG Shoulder Chapter continuous flow cryotherapy topic also notes that use of continuous flow cryotherapy following shoulder surgery should be limited to one week of postoperative use. Here, thus the request for the Vascultherm device for 30 days of postoperative use ran counter to ODG parameters. Since both the compressive garment component of the request and the 30 days of postoperative continuous cooling component of the request were not indicated, the request was not medically necessary.

Retrospective Vascultherm shoulder wrap purchase (4/28/15): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Continuous-flow cryotherapy, Compression garments and Other Medical Treatment Guidelines

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Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.