

Case Number:	CM13-0047641		
Date Assigned:	12/27/2013	Date of Injury:	01/21/2010
Decision Date:	03/10/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 51-year-old female who was injured on 01/21/10. There has been concern in the case for left shoulder pain. Records provided in this case document history, physical examination, and imaging findings consistent with impingement syndrome. Left shoulder surgery has been planned. A 21 day rental of a VascuTherm for cold compression DME was requested for postoperative use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative VascuTherm rental for 21 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 (ODG)

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

Decision rationale: A 21-day rental of a VascuTherm unit would not be considered medically appropriate based on the records provided in this case and the Official Disability Guidelines. California MTUS Guidelines do not address this issue. If one looks towards the Official Disability Guidelines (ODG), continued use of a cryotherapy is appropriate for postoperative use for up to seven days. Official Disability Guidelines specifically address deep venous thrombosis

prophylaxis and shoulder arthroscopy procedures. If one looks towards the Official Disability Guidelines Shoulder Chapter section on venous thrombosis, the administration of DVT prophylaxis is not generally recommended in shoulder arthroscopy procedures. Therefore as rental for greater than seven days was requested and a VascuTherm unit is a compressive unit to help with pain and DVT prophylaxis, a VascuTherm unit cannot be certified in this case.