

Case Number:	CM13-0055284		
Date Assigned:	12/30/2013	Date of Injury:	11/21/2011
Decision Date:	05/28/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/20/2013

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 Osteopathic Manipulative Medicine, and is licensed to practice in Arizona. 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 57 year old female with a history of fall onto her left shoulder on the 21st of Nov, 2011 and subsequently underwent a left shoulder arthroplasty. It is found that she possibly has an underlying infection between the bone cement and her prosthesis and her orthopedic surgeon believes it is in her best interest to undergo a revision of her prosthesis. Although the procedure was originally scheduled for 9/5/13, from the medical documentation provided I surmise that this did not occur on the date indicated and is awaiting the results of this request to proceed.

IMR ISSUES, DECISIONS AND RATIONALES

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

VASCUTHERM FOURTEEN (14) DAY RENTAL POSTOPERATIVE FOR UNSPECIFIED SURGERY: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376.

Decision rationale: On Table 14-6, page 376 Pneumatic or pulse devices to reduce swelling (C) is the only reference to any form of pneumatic compressive therapy. An internet search via

Google found a website that provided information for a 'Vascutherma 3 Intermittent, Sequential Compression Therapy' device that 'offers highly effective DVT prophylaxis'... The employee is to undergo revision of left shoulder hemiarthroplasty with removal of deep implant. I can only assume the pneumatic compression therapy is for deep venous thrombosis (DVT) prophylaxis. As it is now standard of care for the use of pneumatic compressive devices to assist in the preclusion of the development of a deep venous thrombosis (DVT) pre- and post- operatively, I find this request has merit and authorize the request.