

<b>Case Number:</b>	CM13-0056369		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/14/2010
<b>Decision Date:</b>	06/12/2014	<b>UR Denial Date:</b>	11/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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. The expert 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 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/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:

The claimant is a 53-year-old female injured in work related accident on 01/14/10 and underwent shoulder surgery consisting of a labral repair on November 31, 2011. The clinical records provided for review specific to the claimant's right shoulder included a recent MRI report dated 05/02/12 documenting postsurgical changes at the labrum with previous anchor from surgical repair. No indication of re-tearing was noted but rotator cuff tendinosis with mild bicipital tendinosis, and AC joint arthrosis were seen. The progress report of October 23, 2013 documented ongoing shoulder complaints and noted that the claimant had failed conservative treatment and was awaiting a second surgery for distal clavicle resection, acromioplasty and rotator cuff repair. Physical examination findings on that date showed weakness with supraspinatus and infraspinatus testing at 4/5, tenderness to palpation over the AC joint and restricted range of motion at endpoints of active flexion and extension. The previous report of September 11, 2013 documented that the claimant underwent an injection to the shoulder that gave temporary relief from the anesthetic portion of the injection but provided no long-term benefit. Additional conservative care included an injection performed at the AC joint and physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VASCUTHERM FOR DVT FOR 30 DAYS RENTAL:** 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), Shoulder Chapter, Venous Thrombosis.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: forearm/wrist/hand procedure - Vasopneumatic devices.

**Decision rationale:** The CA MTUS and ACOEM Guidelines do not address VascuTherm device for DVT prophylaxis. The ODG do not support the use of a VascuTherm device for DVT prophylaxis for 30 days on a rental basis in the postoperative setting as medically necessary. The medical records provided for review indicate that the recommendation has been made for the claimant to undergo a surgical process to the shoulder. However, there is no documentation within the records to indicate that the claimant has a significant risk or history of venothrombotic event that would support the use of a VascuTherm device. Therefore, the request for rental of this device cannot be indicated as medically necessary.