

Case Number:	CM13-0056549		
Date Assigned:	12/30/2013	Date of Injury:	12/18/2009
Decision Date:	04/10/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	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:

This is a 56-year-old gentleman who sustained multiple orthopedic injuries to both shoulders, left wrist, left knee and elbow on 12/18/09. A recent clinical assessment dated 9/3/13 documented that radiographs of the shoulder showed degenerative changes of the acromioclavicular joint and glenohumeral joint. It stated that the claimant's right shoulder had failed conservative measures and examination findings still showed weakness at 4/5 with rotator cuff strength, positive drop arm testing, and restricted range of motion. A previous MRI was documented to demonstrate full thickness rotator cuff pathology. Surgery was recommended for the shoulder with an arthroscopic rotator cuff repair procedure. At present, there is a request for a 21 day rental of a pneumatic compression therapy wrap with appropriate supplies for use in the post-operative setting.

IMR ISSUES, DECISIONS AND RATIONALES

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

A VASCUTHERM PNEUMATIC COMPRESSION DEVICE (21 DAY 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), Continuous Flow Cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Forearm, Wrist, and Hand Chapter, Vasopneumatic Devices and Cold Compression Therapy Devices.

Decision rationale: Based on Official Disability Guidelines criteria, as the CA MTUS and ACOEM Guidelines are silent, a VascuTherm pneumatic compression wrap system for 21 days would not be indicated. Official Disability Guidelines do not recommend combination therapy devices but do recommend the use of a cryotherapy unit for isolated seven day intervention in the post-operative setting. However, the Official Disability Guidelines do not recommend the use of cold compression therapy devices for use in the shoulder as there are no published studies of efficacy. The specific request for this combination therapy device for a 21 day rental does not meet the Official Disability Guidelines.

A COMPRESSION THERAPY PAD: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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