

Case Number:	CM13-0057123		
Date Assigned:	12/30/2013	Date of Injury:	10/05/2012
Decision Date:	04/15/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/25/2013

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 Occupational Medicine 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 applicant is a [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with cumulative trauma at work first claimed on October 5, 2012 and alleged neck and upper back pain. Thus far, the applicant has been treated with the following: analgesic medications, MRI imaging of the shoulder of June 17, 2011, notable for partial thickness supraspinatus tear; and consultation with a shoulder surgeon who has apparently endorsed an operative arthroscopy. The applicant has a history of prior shoulder arthroscopy in December 2009, it appears. A clinical progress note of November 20, 2013 is notable for comments that the applicant underwent a shoulder arthroscopy on October 21, 2013. She tolerated the same well. She is using an arm sling. She will begin physical therapy. Well-healed surgical incision lines are noted. The applicant is placed off of work, on total temporary disability, and asked to pursue physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm Rental x 28 days: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Contents, Treatment Guidelines, 18 Edition (2003 web) Shoulder Section on Continuous -Flow Cryotherapy and Post-surgical Pain

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Deep Venous Thrombo-embolism after Arthroscopy of the Shoulder: Two Case Reports and a Review of the Literature

Decision rationale: The VascuTherm, based on the product description, represents a form of compression device providing DVT prophylaxis coupled with a continuous heating device to apply heat therapy continuously. The MTUS does not address the topic of DVT prophylaxis following arthroscopic shoulder surgery. However, as noted in the BMC review article on DVT prophylaxis after arthroscopy of the shoulder, DVTs are "very rare" after arthroscopy of the shoulder. The current guidelines "do not advise" the administration of DVT prophylaxis after shoulder arthroscopy procedures. In this case, the applicant was described as having no significant medical history and it was noted in the preoperative office visit immediately prior to the procedure in question that the applicant was a nonsmoker. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, page 203, at-home applications of heat and cold applications are recommended as part and parcel of self care and are as effective as those performed by a therapist or, by implication, those delivered via high-tech means. No rationale for usage of DVT prophylaxis was given by the attending provider so as to try and offset the unfavorable guideline recommendation. Therefore, DVT component of the device is not recommended and not certified.

PNEUMATIC WRAP: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Contents, Treatment Guidelines, 18 Edition (2003 web) Shoulder Section on Continuous -Flow Cryotherapy and Post-surgical Pain

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Deep Venous Thrombo-embolism after Arthroscopy of the Shoulder: Two Case Reports and a Review of the Literature

Decision rationale: The pneumatic wrap in question appears to represent a wrap used to facilitate delivery of the DVT prophylaxis and/or continuous heating device. Again, these devices have not been certified above, in response #1. Since the VascuTherm DVT prophylaxis-thermotherapy device has been not certified, the derivative request for a pneumatic wrap is also not certified, on independent medical review.