

Case Number:	CM13-0059742		
Date Assigned:	12/30/2013	Date of Injury:	02/01/2013
Decision Date:	05/05/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/02/2013

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 represented [REDACTED] employee who has filed a claim for shoulder pain reportedly associated with an industrial sprain injury of February 1, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; muscle relaxants; unspecified amounts of physical therapy over the life of the claim; transfer of care to and from various providers in various specialties; and consultation with a shoulder surgeon, who apparently has endorsed shoulder surgery. In a Utilization Review Report of November 12, 2013, the claims administrator reportedly denied a request for a VascuTherm unit. The applicant subsequently appealed. In an operative report of October 17, 2013, the applicant underwent a shoulder arthroscopy, debridement of synovitis, partial synovectomy, and debridement of partial rotator cuff tear to ameliorate the preoperative diagnosis of internal derangement of right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

RENTAL OF VASCUTHERM UNIT POST-OPERATIVE FOR THE RIGHT SHOULDER, ADDITIONAL 14 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: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 203.

Decision rationale: The VascuTherm, based on the product description, represents a form of compression device providing DVT prophylaxis coupled with 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 and shoulder arthroscopy procedures. In this case, the applicant was described as having no significant medical history. The applicant was a nonsmoker, it was suggested on a preoperative office visit immediately prior to the procedure in question. No rationale for usage of DVT prophylaxis was given by the attending provider so as try and offset the unfavorable guideline recommendation. Therefore, DVT component of the device is not recommended and not certified. Similarly, the proposed thermal therapy/continuous heating component of the request is also not certified, on independent medical review. 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. In this case, the attending provider did not state why a continuous heating device was needed. No rationale was provided so as try and offset the unfavorable ACOEM recommendation. No applicant-specific rationale was provided so as try and offset the unfavorable ACOEM recommendation. Therefore, the request is not certified, on independent medical review.