

Case Number:	CM13-0064140		
Date Assigned:	01/03/2014	Date of Injury:	03/15/2013
Decision Date:	05/07/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/11/2013

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 65-year-old male sustained a left shoulder injury on 3/15/13 when he was lifting a heavy package that slipped; he caught it and felt a pop in the left shoulder. Past medical history was positive for bilateral shoulder rotator cuff surgeries about 10 years ago. The 4/5/13 left shoulder MRI impression documented severe supraspinatus and infraspinatus tendinosis with very large, nearly complete tear of the tendons with torn fibers retracted and very frayed, small partial-thickness articular tear of the subscapularis tendon, longitudinal tear of the biceps tendon, and mild acromioclavicular joint arthrosis. The pre-op medical clearance report indicated that the patient exercised regularly with a 22.45 body mass index. The review of systems was within normal limits and no past medical history was negative. The patient underwent left shoulder open acromioplasty and revision rotator cuff repair on 8/20/13. A retrospective request for VascuTherm with DVT 7 day rental was non-certified in utilization review on 11/20/13 based on an absence of DVT risk factors or other justification for a compression device.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: VASCUTHERM DEVICE WITH DVT (7 DAY RENTAL): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Cold Compression Therapy

Decision rationale: The request under consideration is for VascuTherm with DVT, 7 day rental. California MTUS guidelines are silent with regard to cold compression units. The Official Disability Guidelines do not recommend the use of cold compression therapy in shoulder surgeries, as there are no long-term large volume published studies with combined cold and pneumatic compression devices. Guidelines state that the administration of DVT prophylaxis is not generally recommended in upper extremity procedures. Guideline criteria have not been met. There are no specifically delineated DVT risk factors for this patient, or indication that the patient was immobilized. There is no documentation of why compression stockings would be insufficient to address any postoperative concerns of DVT development. Therefore, this request for VascuTherm with DVT for 7-day rental is not medically necessary.