

Case Number:	CM14-0104824		
Date Assigned:	07/30/2014	Date of Injury:	04/10/2013
Decision Date:	09/25/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/08/2014

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 54-year-old gentleman who injured his right shoulder on 04/10/13. The clinical records provided document that the claimant has failed to improve with conservative treatment and right shoulder arthroscopy, subacromial decompression, labral and rotator cuff repair occurred on 05/02/14. This is a retrospective review for 30 day use of a VascuTherm cold compression therapy device and DVT (deep vein thrombosis) prevention device in the postoperative setting between 05/06/14 and 06/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective VascuTherm cold/compression and deep vein thrombosis prevention for 1 month rental (post op shoulder surgery) from 5/6/14-6/4-14: 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): 201-205, 555-556. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder procedure - Continuous-flow cryotherapy and ODG Knee procedure- Venous thrombosis.

Decision rationale: Based on California MTUS ACOEM Guidelines and supported by Official Disability Guidelines criteria, the request for VascuTherm cold/compression and deep vein thrombosis prevention for 1 month rental (post op shoulder surgery) is not recommended as medically necessary. ACOEM Guidelines recommend the application of cold packs for management of discomfort in the home setting. The Official Disability Guidelines recommend the use of a continuous flow cold therapy device in the postoperative period for up to seven days including home use. This request is for 30 day use of the VascuTherm cold/compression unit and exceeds the standard guideline recommendation for length of time for use of the system. There is no documentation within the records for review to support why this claimant would be an exception to the standard guideline treatment. The documentation also does not identify any significant risk factors or prior history of DVT (deep vein thrombosis) that would support the need for a compression device for deep vein thrombosis treatment. The request for 30 day use of the above device was not medically necessary given the claimant had an outpatient shoulder arthroscopic procedure.