

<b>Case Number:</b>	CM14-0108855		
<b>Date Assigned:</b>	07/15/2014	<b>Date of Injury:</b>	10/08/2013
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Expedited	<b>Application Received:</b>	07/14/2014

### 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 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 and arm pain reportedly associated with an industrial injury of October 11, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; diagnosis of probable rotator cuff tear and/or impingement syndrome of the shoulder; MRI imaging of the shoulder of February 12, 2014, notable for moderate tendinosis and subacromial/subdeltoid bursitis; two shoulder corticosteroid injections; and work restrictions. It is unclear whether the applicant is in fact working or not with said limitations in place. On June 2, 2014, the claimant reported persistent shoulder pain, exacerbated by reaching overhead and sleeping on the shoulder. Positive signs of internal impingement and painful shoulder range of motion were noted with muscle weakness also appreciated, secondary to pain. A shoulder arthroscopy, postoperative physical therapy, two weeks of continuous passive motion, and a VascuTherm 4 DVT prophylaxis device were sought. A rather proscriptive 5-pound limitation was endorsed. In a consultation report of December 10, 2013, the applicant was described as using Motrin, Wellbutrin, and Robaxin at that point in time. The applicant was status post a tonsillectomy, gastric bypass, C-section, and bilateral carpal tunnel release surgery. The applicant had "no chronic or active illnesses," it was stated. The applicant was a non-smoker, it was noted on an earlier note of October 8, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**URGENT VASCUTHERM 4, RENT FOR 21 DAYS:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Deep venous thromboembolism after arthroscopy of the shoulder: Two case reports and a review of the literature.

**Decision rationale:** The MTUS does not address the topic. As noted in the review article entitled 'Deep venous thromboembolism after arthroscopy of the shoulder': "The current guidelines do not advise the administration of DVT prophylaxis in shoulder arthroscopy procedures." While DVT prophylaxis in the form of VascuTherm 4 DVT prophylaxis device could have been supported if there was some evidence of risk factors such as concomitant neoplasm, thrombophilia, smoking habit, or long duration of procedure, in this case, however, none of the aforementioned risk factors are seemingly present. There is no mention of the applicant is having any such risk factors. The applicant does not have significant medical history, it has been stated on several occasions. The applicant has no history of neoplasm or smoking, it has been stated on several occasions. Therefore, the request for the VascuTherm 4 DVT prophylaxis 21-day rental is not medically necessary both owing to the unfavorable guideline recommendation and owing to the applicant's lack of any personal risk factors. Accordingly, the request is not medically necessary.