

Case Number:	CM14-0012990		
Date Assigned:	02/24/2014	Date of Injury:	08/30/2011
Decision Date:	06/27/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/31/2014

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 injured worker is a 53-year-old male who reported an injury on 8/30/11. The mechanism of injury was a fall. Per the exam note dated 11/11/2013, the injured worker continued to report low back pain, right shoulder, and right elbow pain. On physical exam, normal reflex, sensory, and power testing to the bilateral upper and lower extremities was noted. Straight leg raise, femoral stretch and bowstring were negative bilaterally. Positive lumbar tenderness was noted with range of motion decreased approximately 20%. Normal lower extremity pulses were reported bilaterally. Positive impingement on the right shoulder with tenderness was noted. Per the high-frequency diagnostic ultrasound that was performed on 4/3/13, the right biceps tendon had subluxation and the right supraspinatus had tendinopathy. The left was normal. Diagnoses for the injured worker include history of right elbow injury, right elbow contusion, right shoulder sprain, tendinosis, radiating lower left extremity pain consistent with lumbar spine pathology, and L2-3 and L5-S1 spondylolisthesis with spinal stenosis and radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUOUS PASSIVE MOTION (CPM) RENTAL FOR FOUR (4) WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The ACOEM and California MTUS do not specifically address the continuous passive motion machine. Per the Official Disability Guidelines, continuous passive motion is recommended as a noninvasive option for adhesive capsulitis; however, it is not recommended after shoulder surgery. Trials have yielded moderate evidence for no difference in function or pain and one study found no difference in range of motion or strength. There was a lack of documentation regarding the clinical need for this equipment, such as a history of pulmonary emboli. There was a lack of documentation regarding potential physical therapy postsurgically. In addition, the guidelines note no improvement after surgery with use of the machine on the shoulder. As such, the request is not medically necessary.

VASCUTHERM RENTAL FOR 21 DAYS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Compression garments. Other Medical Treatment Guideline or Medical Evidence: http://www.accessdata.fda.gov/cdrh_docs/pdf6/K061866.pdf

Decision rationale: The ACOEM and California MTUS do not specifically address the Vascutherm. Per the Official Disability Guidelines, cold compression therapy is not recommended in the shoulder, as there are no published studies regarding this. It may be an option for other body parts. Guidelines further note that compression garments are not generally recommended in the shoulder. Deep vein thrombosis and pulmonary embolism events are common complications following lower extremity orthopedic surgery, but they are rare following upper extremity surgery, especially shoulder arthroscopy. Per online information from the FDA, the intended therapy of the new Vascutherm device is to reduce the risk of the formation of deep vein thrombosis (DVT) by aiding in blood flow back to the heart via lower extremity limb compression. The Vascutherm unit has additional equipment installed and specially designed wraps specifically for the preventive treatment of DVT. There was a lack of documentation regarding the injured worker's potential for a DVT or pulmonary embolism. There was a lack of clinical documentation to support the request for this equipment. As such, the request is not medically necessary.