

Case Number:	CM14-0019748		
Date Assigned:	04/28/2014	Date of Injury:	05/28/2013
Decision Date:	08/05/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/18/2014

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:

This 51-year-old police officer sustained an industrial injury on May 28, 2013. Injury occurred while chasing an assailant over a fence. The July 23, 2013 right shoulder MRI impression documented rotator cuff tendinosis with small interstitial tears but no full thickness retracted tear, glenohumeral osteoarthritis, biceps tenosynovitis, SLAP tear, and moderate fatty atrophy of the teres major which may be due to denervation. The patient failed an 8-month course of conservative therapy. A request for right shoulder arthroscopy with superior labral repair, biceps tenodesis and possible rotator cuff repair was certified in utilization review on February 3, 2014. VascuTherm DVT (deep vein thrombosis) prophylaxis rental was requested on February 6, 2014 for 14 day rental. There were no specific DVT risk factors identified for this patient. The February 11, 2014 utilization review modified the request for post-op VascuTherm DVT prophylaxis to a 7-day rental of a generic continuous flow cryotherapy unit without compression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative fourteen day rental of Vascultheram DVT (deep vein thrombosis) prophylaxis for the right shoulder: 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) 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, Deep vein thrombosis (DVT), Cold compression therapy, Continuous flow cryotherapy.

Decision rationale: The California MTUS guidelines are silent with regard to the requested item and DVT prophylaxis. The Official Disability Guidelines (ODG) recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures, such as consideration for anticoagulation therapy. The ODG do not recommend cold compression therapy in the shoulder but state that continuous-flow cryotherapy is an option for up to 7 days. The February 11, 2014 utilization review decision modified the request for a VascuTherm unit to a generic continuous flow cryotherapy unit without compression for a seven day rental. There is no evidence that this patient is at moderate to high risk for venous thromboembolism or, if risk factors exist, that pharmacologic therapy is contraindicated or compression stockings insufficient. There is no compelling reason in the records reviewed to support the medical necessity of a cold therapy unit beyond the 7-day rental recommended by guidelines and previously certified. Therefore, the request for a post-operative fourteen day rental of Vascultheram DVT (deep vein thrombosis) prophylaxis for the right shoulder is not medically necessary or appropriate.