

<b>Case Number:</b>	CM14-0110320		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	05/10/2012
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2014

### 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 Emergency 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 injured worker is a 60 year-old male, who sustained an injury on May 10, 2012. The mechanism of injury is not noted. Diagnostics have included: June 1, 2012 right shoulder MRI reported as showing a full thickness rotator cuff tears with retraction and arthritic changes. Treatments have included: rotator cuff repair, physical therapy, medications. The current diagnoses are: right shoulder rotator cuff tear, impingement syndrome, AC joint arthrosis, biceps tendon rupture. The stated purpose of the request for 21 Day Rental of Vascutherm 4 with Deep Vein Thrombosis Cold Compression was not noted. The request for 21 Day Rental of Vascutherm 4 with Deep Vein Thrombosis Cold Compression was denied on June 25, 2014, citing a lack of documentation of medical necessity. Per the report dated June 13, 2014, the treating physician noted right shoulder pain and decreased function. Exam findings included positive drop arm test, adequate deltoid function and adequate passive range of motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**21 Day Rental of Vascutherm 4 With Deep Vein Thrombosis Cold Compression:** 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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Continuous Flow Cryotherapy, Venous Thrombosis

**Decision rationale:** The requested 21 Day Rental of Vascutherm 4 with Deep Vein Thrombosis Cold Compression is not medically necessary. CA MTUS is silent on this issue and ODG, Shoulder, Continuous Flow Cryotherapy, recommends up to 7 days post-op cold therapy. CA MTUS is silent on this issue. ODG, Shoulder (Acute & Chronic), Venous Thrombosis, noted: "Recommend monitoring risk of perioperative thromboembolic complications in both the acute and subacute postoperative periods for possible treatment, and identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. In the shoulder, risk is lower than in the knee and depends on: (1) invasiveness of the surgery (uncomplicated shoulder arthroscopy would be low risk but arthroplasty would be higher risk); (2) the postoperative immobilization period; & (3) use of central venous catheters. Upper extremity deep vein thrombosis (UEDVT) may go undetected since the problem is generally asymptomatic. The incidence of UEDVT is much less than that of the lower extremity DVT possibly because: (a) fewer, smaller valves are present in the veins of the upper extremity, (b) bedridden patients generally have less cessation of arm movements as compared to leg movements, (c) less hydrostatic pressure in the arms, & (d) increased fibrinolytic activity that has been seen in the endothelium of the upper arm as compared to the lower arm." The injured worker has right shoulder pain and decreased function. The treating physician has documented positive drop arm test, adequate deltoid function and adequate passive range of motion. DVT prophylaxis is not guideline supported for shoulder arthroscopy and the treating physician has not documented that the injured worker would not be able to ambulate after the procedure, and the treating physician has not documented that the injured worker has high risk thrombosis factors. The criteria noted above not having been met, 21 Day Rental of Vascutherm 4 with Deep Vein Thrombosis Cold Compression is not medically necessary.