

Case Number:	CM14-0114851		
Date Assigned:	08/04/2014	Date of Injury:	08/11/2013
Decision Date:	10/01/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/22/2014

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 Physical Medicine & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 44-year-old female who reported an injury on 08/11/2013 due to an unknown mechanism. Diagnosis was left shoulder rotator cuff syndrome, surgically repaired. Past treatments were acupuncture, chiropractic care, physical therapy, steroid injections to the left shoulder. Diagnostic studies were an MRI of the left shoulder. Surgical history was left shoulder rotator cuff repair. Physical examination on 09/03/2014 revealed a postop followup visit. The injured worker had just completed a course of postop rehabilitation and has shown functional improvement. The injured worker rated her pain a 5/10. Examination revealed upon palpation tenderness to the left shoulder that revealed slight pain. Left trapezius revealed slight pain. Left shoulder range of motion for flexion was 160 degrees with pain, extension was to 60 degrees with pain, exterior rotation was to 40 degrees with pain, and anterior rotation was to 50 degrees with pain. Medications were not reported. Treatment plan was for additional postop rehabilitation and not chiropractic manipulation. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm Compression Therapy, 21 days Rental E1399: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (updated 4/25/14); cold compression therapy

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

Decision rationale: The decision for VascuTherm compression therapy, 21 days rental, E1399, is not medically necessary. The Official Disability Guidelines state 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. It is still recommended to perform a thorough preoperative workup to uncover possible risk factors for deep vein thrombosis/pulmonary embolism despite rare occurrence of developing a pulmonary embolism following shoulder surgery. Mechanical or chemical prophylaxis should be administered for patients with identified coagulopathic risk factors. Although variability exists in the reported incidents of VTE, surgeons should still be aware of the potential for this serious complication after shoulder arthroplasty. The medical guidelines do not support the use of compression therapy. Therefore, the request is not medically necessary.