

<b>Case Number:</b>	CM14-0134511		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	04/09/2012
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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 is a 27-year-old female who sustained a vocational injury on 04/09/12. The claimant has been authorized to undergo right shoulder arthroscopy, revision labral repair, and right shoulder debridement. The current request is for a VascuTherm times 14 days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VascuTherm (days) QTY: 14:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee and Leg chapter & Shoulder chapter: Game Ready's accelerated recovery system.

**Decision rationale:** California ACOEM Guidelines recommend the application of cold packs at home for discomfort and swelling. VascuTherm is defined as a thermal compression therapy in the form of heat or cold along with compression and/or DVT prophylaxis therapy. Game ready accelerated recovery system cited by the Official Disability Guidelines knee chapter is a similar type product that provides continuous low cryotherapy with use of vasocompression and is not considered medically necessary for use in the upper or lower extremities based on Official

Disability Guidelines. In addition, Official Disability Guidelines cited from the shoulder chapter do not generally recommend compression garments in the upper extremity due to the fact that deep venous thrombosis and pulmonary embolus events are common complications following a lower extremity orthopedic surgery but they are rare following upper extremity surgery, especially shoulder arthroscopy. Currently the documentation presented for review fails to establish the claimant is at a high risk for DVT or pulmonary embolus risk factors associated with it or there is any previous history of DVTs or pulmonary embolus which would inherently increase the risk and overall sensitivity to providing aggressive DVT prophylaxis in the form of compression. Therefore, based on the documentation presented for review and in accordance with Official Disability Guidelines, the request for the VascuTherm times 14 days cannot be considered medically necessary.

**Non-segmental pneumatic appliance for use with pneumatic compressor, half arm QTY: 1:**  
Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg chapter & Shoulder chapter: Game Ready's accelerated recovery system.

**Decision rationale:** The request for the VascuTherm has been deemed not medically necessary. Subsequently, the request for the non-segmental pneumatic compliance for use with pneumatic compressor cannot be considered medically necessary.