MAXIMUS Federal Services

Case Number:	CM14-0176904		
Date Assigned:	10/30/2014	Date of Injury:	04/10/2014
Decision Date:	12/16/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/24/2014

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 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 43 years old male claimant sustained a work injury on 4/10/14 involving the right shoulder. He was diagnosed with rotator cuff tendonitis and partial rotator cuff tear. He underwent arthroscopic surgical repair and a Mumford procedure on August 29, 2014. Post-operatively, the physician requested a Vascutherm cold compression and therapy wrap along with a shoulder continuous passive motion and sheepskin pad.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm cold compression, rental 30 days: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212.

Decision rationale: According to the AOCEM guidelines, cold pack are used as an option to aid in exercises. They are recommended according to the ODG guidelines, to reduce edema. In this case, there was no indication for a need to manage post-operative edema for a month. There is limited evidence on the use of vascutherm and post-operative need for 30 days in shoulder surgeries. The request above is not medically necessary.

Vascutherm compression therapy wrap purchase: 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) DVT prophylaxis

Decision rationale: According to the guidelines, DVT risk in shoulder surgery is lower than the knee. DV prophylaxis is not recommended during or after surgery (1/1000). In addition, there was no indication of prolonged edema requiring a month of pneumatic compression. The request above is not medically necessary.

CPM Shoulder, 30 day rental: 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) Range of motion of the shoulder

Decision rationale: According to the ODG guidelines, range of motion of the shoulder should always be examined in cases of shoulder pain, but an assessment of passive range of motion is not necessary if active range of motion is normal. Loss of both active and passive range of motion suggests adhesive capsulitis or glenohumeral osteoarthritis.In this case, post-operative assessment of the shoulder is unknown and a request for CPM based on the above guidelines is not medically necessary.

Sheepskin pad purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

Decision rationale: Physical modalities and use of products such as sheep skin padding have limited evidence to support their use. The specific indication and need for purchase and extended length of use necessity was not specified. The purchase of sheepskin is therefore not medically necessary.