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| Case Number: | CM14-0179107 | | |
| Date Assigned: | 11/03/2014 | Date of Injury: | 05/01/2012 |
| Decision Date: | 12/19/2014 | UR Denial Date: | 10/22/2014 |
| Priority: | Standard | Application Received: | 10/28/2014 |

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:

The patient is a 53-year-old male who has submitted a claim for bilateral shoulder rotator cuff re-tears associated with an industrial injury date of May 1, 2012. Medical records from 2014 were reviewed, which showed that the patient complained of bilateral shoulder pain and weakness. Examination showed nearly normal ROM, painful arc, palpable subacromial crepitus, positive impingement sign, weakness to resisted abduction, and tenderness over the leading edge of the acromion. Treatment to date has included two surgeries (right shoulder open rotator cuff repair in September 2012, and left shoulder arthroscopy with rotator cuff repair in January 2013). Presently, left shoulder arthroscopy and rotator cuff repair and debridement are planned. The utilization review from October 22, 2014 denied the request for Vascutherm 4 x 14 days and CPM x 4 weeks. The request for Vascutherm was denied because the guidelines allow for its use for only 7 days. The request for CPM was denied because the guidelines state that CPM is not recommended for rotator cuff problems.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Vascutherm 4 x 14 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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) Knee & Leg, Vasopneumatic Devices

Decision rationale: The CA MTUS does not specifically address vasopneumatic devices. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and the Official Disability Guidelines (ODG) was used instead. The ODG states that continuous-flow cryotherapy is recommended as an option after surgery to decrease pain, inflammation, swelling, and narcotic usage. Its postoperative use generally may be up to 7 days including home use. In this case, the patient is planned to undergo shoulder surgery. Continuous-flow cryotherapy such as Vascutherm may be warranted. However, the requested duration of 14 days exceeds the guideline recommended duration of 7 days. Therefore, the request for associated surgical service: Vascutherm 4 x 14 days is not medically necessary.

Associated surgical service: CPM x 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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 Chapter, Continuous Passive Motion (CPM)

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) Shoulder Chapter was used instead. The ODG states that CPM is not recommended for shoulder rotator cuff problems, but recommended as an option for adhesive capsulitis. The guideline also does not support its use after shoulder surgery for rotator cuff tears or for non-surgical treatment. In this case, the patient was diagnosed with bilateral shoulder rotator cuff re-tears. The guideline clearly states that CPM use for this condition is not supported. Moreover, the indication and body part to be treated were not discussed. The medical necessity has not been established. Therefore, the request for associated surgical service: CPM x 4 weeks is not medically necessary.