

<b>Case Number:</b>	CM14-0184109		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	01/09/2013
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### 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 Minnesota. 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 50 year old male who injured his right shoulder on 1/09/2013. He underwent a rotator cuff repair. Examination on 8/15/2014 revealed continuing pain and weakness, impingement signs, and crepitus. MRI scan revealed a full thickness recurrent rotator cuff tear. Revision repair is recommended. The disputed issue pertains to a request for 30 days rental of vascutherm intermittent limb therapy for DVT prophylaxis in the post-operative period.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME: Vascutherm with Wrap (Days) Qty: 30:** 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), Forearm, Wrist, Hand and Vasopneumatic Device

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, cold compression therapy, deep vein thrombosis

**Decision rationale:** California MTUS does not address this issue. According to ODG guidelines cold compression therapy is not recommended in the shoulder. The incidence of deep vein thrombosis after shoulder arthroscopy is very rare and DVT prophylaxis is not generally

recommended. Based upon the guidelines the request for 30 days rental of vascultherm DME with wrap is not medically necessary.