

Case Number:	CM14-0028318		
Date Assigned:	06/16/2014	Date of Injury:	06/24/2008
Decision Date:	07/30/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	03/05/2014

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 Texas. 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 54-year-old female who reported an injury on 06/24/2008. The mechanism of injury was that she reported being struck by falling heavy objects and knocked to the ground. In the report of 09/10/2013, it is noted that she sustained straining injuries of the cervical spine, left shoulder, right shoulder, and lower back. She complained of constant pain in her neck which varied from 4/10 to 7/10 at times. She had constant pain in both shoulders, with the left shoulder being more painful than the right. She rated her left shoulder pain at an 8/10. Her bilateral shoulder pain was making household chores and activities of daily living difficult and interfering with her ability to sleep. Her left shoulder ranges of motion were 100 degrees out of 160 for abduction, 120 degrees out of 160 for forward flexion, 60 degrees out of 80 degrees for internal rotation, 80 degrees out of 80 degrees for external rotation, 50 degrees out of 50 degrees for extension, and 30 degrees out of 50 degrees for abduction. She had a positive Hawkins test, a positive Neer's test, a positive O'Brien's test, a positive cross-abduction test, and a positive Speed's test. An x-ray of the left shoulder revealed no fracture or dislocation. The acromioclavicular joint was narrow and the glenohumeral space was satisfactory. Her diagnoses included left shoulder impingement syndrome, contracture of the left shoulder, and bilateral shoulder strain. On 01/15/2014, she underwent a left shoulder arthroscopy and rotator cuff repair. On 01/28/2014, she started physical therapy postoperatively and completed 30 sessions of physical therapy from 01/28/2014 to 06/12/2014. In the postsurgical followup visit on 05/15/2014, the injured worker reported feeling greatly improved. She had a negative Neer's test, negative Hawkins test, negative O'Brien's test, and negative Speed's test. She also had a negative AC joint compression test, a negative crossover test, and a negative apprehension test. Her ranges of motion of her left shoulder were abduction 170 degrees, adduction 120 degrees, forward flexion 170 degrees, internal rotation 60 degrees, and external rotation 80 degrees. Her

medications at that time were diclofenac XR 100 mg, omeprazole 20 mg, and tramadol ER 150 mg. There was no Request for Authorization in this chart. There was no rationale for the requested VascuTherm 4 and DME - DVT found in this chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME - VASCUTHERM 4: 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).

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

Decision rationale: The request for DME - VascuTherm 4 is not medically necessary. Official Disability Guidelines recommend that continuous flow cryotherapy is recommended as an option after surgery, and postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage. The submitted request does not specify that the use of this VascuTherm 4 is for postoperative recovery. Further, it does not state whether this is an item for rental or an item to be purchased. Also, there is no frequency or time frames included in the request. Therefore, this request for DME - VascuTherm 4 is not medically necessary.

DME - DVT: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Venous thrombosis and compression garments And Knee, compression garments.

Decision rationale: The Official Disability Guidelines recommends monitoring the risk of perioperative thromboembolic complications in both the acute and subacute postoperative periods. In the shoulder, risk is lower than in the knee and depends on invasiveness of the surgery (uncomplicated shoulder arthroscopy would be low risk), the postoperative immobilization period, and use of central venous catheters. Upper extremity deep vein thrombosis may go undetected since the problem is generally asymptomatic. The incidence of upper extremity DVT is much less than that of the lower extremity DVT possibly because of fewer, smaller valves are present in the veins of the upper extremity, the fact that bedridden patients generally have less cessation of arm movements as compared to leg movements, there is less hydrostatic pressure in the arms, and increased fibrinolytic activity that has been seen in the upper arm as compared to the lower arm. The guidelines further state that compression garments are not generally recommended for use 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. The compression garment section in the knee chapter of ODG, recommends high levels of compression produced by bandaging and strong compression stockings (30-40 mmHg) are effective at healing leg ulcers and preventing progression of post-thrombotic syndrome as well as in the management of lymphedema. If compression stockings are effective, then there is no need to utilize other forms of compression therapy. The request for DME - DVT did not state whether it was for a compression garment. It did not state the frequency or amount of time to be used, nor did it specify the level of compression to be used. Furthermore, the request did not specify what body parts this garment is to be applied to. Therefore, this request for DME - DVT is not medically necessary.