

Case Number:	CM14-0049902		
Date Assigned:	07/07/2014	Date of Injury:	05/26/2006
Decision Date:	08/26/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/17/2014

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 Pennsylvania. 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 claimant is a 56-year-old who sustained a vocational injury on May 26, 2006 while vaulting over a river bank. She struck her back on a rock and was carried downstream by the current as she struck several parts of her body. The medical records provided for review document that the claimant underwent right shoulder arthroscopic rotator cuff repair, subacromial decompression, distal clavicle resection and debridement on March 11, 2014. Postoperatively, the claimant developed blood clots and was re-admitted to the hospital for approximately one week. The report of the office visit on June 4, 2014 noted that she was being anti-coagulated with Coumadin, had eleven sessions of post operative chiropractic therapy that helped increase her range of motion and decrease her pain. She continued to have shoulder pain as well as pain in the neck, back to the shoulder area. Physical examination revealed range of motion to 130 degrees of active flexion, 40 degrees of extension, 110 degrees of abduction, 70 degrees of external rotation, tenderness of the entire shoulder, 4/5 deltoid, biceps and internal/external rotation strength. The current work diagnosis was listed as status post right shoulder rotator cuff repair, subacromial decompression, distal clavicle resection, surgical intervention of the hand, right hip intertrochanteric bursitis, right plantar foot pain, symptoms consistent with plantar fasciitis, possible cervical radiculopathy, post operative Deep Vein Thrombosis, post operative pulmonary embolus. The current request is for VascuTherm cold compression unit, times 30 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Vascultherm cold compression unit, thirty day use: 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 (Acute & Chronic), continuous-flow cryotherapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder chapter.

Decision rationale: Vascultherm compression is a unit which combines continuous slow cryotherapy with compression. ACOEM Guidelines support the application of cold packs to treat discomfort even in the home setting. The Official Disability Guidelines recommend that cold compression therapy is not suggested as medically necessary in the shoulder. While continuous flow cryotherapy is considered medically reasonable for up to seven days, in this setting, with the use of additional compression therapy for thirty days, it cannot be considered medically necessary. Therefore, based on the documentation presented for review and in accordance with the Official Disability Guidelines, the request for one Vascultherm cold compression unit, for a thirty day use, is not medically necessary or appropriate.

One Deep Vein Thrombosis (DVT) device, for a one day use:

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, DVT prophylaxis; venous Thrombosis.

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.

Decision rationale: The California MTUS and ACOEM Guidelines do not address this request. According to the Official Disability Guidelines, the risk for deep vein thrombosis in the upper extremity is significantly lower than in a lower extremity. The post operative use of a deep vein thrombosis device is not clinically indicated. Due to rare occurrence of upper extremity deep vein thrombosis, ODG Guidelines do not recommend its use following arthroscopic procedures except in the setting of total shoulder arthroplasty. The request for one DVT device, for one day use, is not medically necessary or appropriate.

One Vascultherm and DVT wrap/pad: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Venous Thrombosis.

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.

Decision rationale: Since the primary equipment is not medically necessary, none of the associated parts are medically necessary.