

Case Number:	CM14-0072486		
Date Assigned:	07/16/2014	Date of Injury:	04/26/2012
Decision Date:	08/22/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/19/2014

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 37-year-old female who reported an injury on 04/26/2012. The mechanism of injury was that the injured worker was lifting, pushing and pulling a 300 pound box of freight and felt a pulling sensation in the shoulder. The injured worker underwent a right shoulder arthroscopy, acromioplasty and debridement of a partial thickness rotator cuff tear on 02/01/2013. Other therapies included physical therapy. The documentation of 03/04/2014 revealed that the injured worker had prior treatments included an injection and therapy. The injured worker was noted to have significant "pinching" in the right shoulder with limitation of motion. It was indicated that the injured worker felt that she had stopped making progress. The objective examination revealed that resisted abduction strength was 4/5, and external rotation strength was 4/5. The injured worker had 120 degrees of abduction and 120 degrees of forward flexion. The diagnoses included frozen right shoulder, right shoulder recurrent impingement syndrome, right shoulder rule out internal derangement and status post arthroscopy. The treatment plan included a right shoulder arthroscopy, subacromial decompression and AC joint resection as well as VascuTherm postoperatively for cold therapy with DVT (deep vein thrombosis) prophylaxis.

IMR ISSUES, DECISIONS AND RATIONALES

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

VascuTherm with post-op Cold Therapy times 21 days - rental: 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 (updated 03/31/14) Venous thrombosis and Continuous-flow cryotherapy.

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 Flow Cryotherapy, and the Knee & Leg Chapter, Venous Thrombosis, Compression Garments.

Decision rationale: The Official Disability Guidelines indicate that continuous flow cryotherapy is appropriate postsurgically for 7 days. Additionally, they indicate that injured workers should be assessed for the possibility of venous thrombosis. The surgical intervention was found to be not medically necessary. Given the above, the request for VascuTherm with postop cold therapy times a 21 day rental is not medically necessary. If the surgical intervention was approved, the request would be excessive. Additionally, the request as submitted failed to indicate the body part to be treated with the VascuTherm.