

Case Number:	CM14-0082055		
Date Assigned:	07/21/2014	Date of Injury:	03/09/2012
Decision Date:	09/09/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/03/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 47-year-old female who reported injury on 03/09/2012. She slipped in a puddle of water while at work. She sustained injuries to her right hip, right foot, and neck pain. The injured worker's treatment history included x-rays, MRI, physical therapy session, medications, MRI, and injection. On 08/06/2012, the injured worker was evaluated by agreed medical examiner, where the agreed medical examiner recommended surgery on the right shoulder. There was evidence submitted for this review that the injured worker had failed conservative care with regard to the right shoulder symptoms. The medical examiner saw the injured worker on 11/06/2013 and 08/06/2012, and recommended right shoulder arthroscopy with rotator cuff repair and debridement with decompression. The injured worker was evaluated on 05/09/2014 and it was documented that the injured worker was quite frustrated because she was still not working and her job could not accommodate her work restrictions. The injured worker complained of right shoulder pain active abduction was 90 degrees as tolerated, but beyond this was quite painful. It was noted she also had a lot of pain internal rotation at 90 degrees resisted thumb down abduction. Deep tendon reflexes were intact in the upper extremities. Good range of motion of the neck. The diagnoses included rotator cuff tear and pain. The injured worker was evaluated on 03/04/2014, and the injured worker complained of right shoulder pain. It was documented her shoulder pain initially started in 05/2013. In 10/2013, it was noted that the injured worker demonstrated a small rotator cuff tear on the MRI. The physical examination of the right shoulder revealed soft tissue swelling or ecchymosis. Tenderness about the greater tuberosity. There was no tenderness of the bicipital groove or AC joint. Passive range of motion with pain at the end range flexion internal rotation. Neer's and Hawkins' tests were positive. Supraspinatus stress test was 4/5 and EER stress test was 4/5. Medications included Soma, Vicodin, and Flexeril. The request for authorization dated

05/13/2014 was for intermittent hot/cold compression, VascuTherm with deep vein thrombosis prevention, and shoulder body wrap cold. The rationale was for rotator cuff tear surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 DAY RENTAL - INTERMITTENT HOT/COLD COMPRESSION: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulders (Acute & Chronic) Cold Therapy & Continuous Flow Cryotherapy.

Decision rationale: The ODG do recommend cold/heat pack therapy for the shoulders as an option after surgery, but not for nonsurgical treatment. 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; however, the effect on more frequently treated acute injuries (eg, muscle strains and contusions) has not been fully evaluated. Continuous-flow cryotherapy units provide regulated temperatures through use of power to circulate ice water in the cooling packs. Complications related to cryotherapy (i.e., frostbite) are extremely rare but can be devastating. The request submitted exceeds recommended amount of time for rental. In addition, the request failed to indicate the location where hot/cold therapy is required for the injured worker. As such, the request is not medically necessary.

30 DAY RENTAL - VASCUTHERM W/DVT PREVENTION: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) Venous Thrombosis.

Decision rationale: The requested is not medically necessary. Per the ODG recommends VascuTherm with DVT prevention is for monitoring risk of perioperative thromboembolic complications in both the acute and sub-acute postoperative periods for possible treatment, and identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. In the shoulder, risk is lower than in the knee and depends on, invasiveness of the surgery (uncomplicated shoulder arthroscopy would be low risk but arthroplasty would be higher risk); the postoperative immobilization period; and use of central venous catheters. Upper extremity deep vein thrombosis (UEDVT) may go undetected since the problem is generally asymptomatic. The incidence of UEDVT is much less than that of the lower extremity DVT possibly because, fewer, smaller valves are present in the veins of the upper extremity, bedridden patients generally have less cessation of arm movements as compared to leg movements, less hydrostatic pressure in the

arms, and increased fibrinolytic activity that has been seen in the endothelium of the upper arm as compared to the lower arm. It is recommended to treat patients of asymptomatic mild UEDVT with anticoagulation alone and patients of severe or extensive UEDVT with motorized mechanical devices in conjunction with pharmacological thrombolysis, immediately beyond 10 days to 14 days. The request submitted for review exceeds recommended amount of time of rental. In addition, the request failed to indicate what location the vasculature with/ DVT prevention is required for the injured worker. As such, the request for 30-day rental of vasculature with/DVT prevention is not medically necessary.

30 DAY RENTAL SHOULDER BODY WRAP CODE: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) Compression Garments.

Decision rationale: The requested is not medically necessary. Per the ODG, do not recommend post-op shoulder compressions. DVT and pulmonary embolism events are common complications following lower-extremity orthopedic surgery, but they are rare following upper extremity surgery, especially shoulder arthroscopy. It is still recommended to perform a thorough preoperative workup to uncover possible risk factors for deep venous thrombosis/ pulmonary embolism despite the rare occurrence of developing a pulmonary embolism following shoulder surgery. Mechanical or chemical prophylaxis should be administered for patients with identified coagulopathic risk factors. Although variability exists in the reported incidence of VTE, surgeons should still be aware of the potential for this serious complication after shoulder arthroplasty. Available evidence suggests a low incidence, but the final decision to consider thromboprophylaxis rests with the operating surgeon. The request submitted for review exceeds recommended amount of time of rental. As such, the request for 30-day rental of shoulder body wrap code is not medically necessary.