

<b>Case Number:</b>	CM14-0092070		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	01/29/2013
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2014

### 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 Family Medicine 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 35 year old male who reported an injury to his right shoulder. Clinical note dated 03/31/14 indicated that he underwent labral repair and revision decompression on 02/27/14. His clinical note dated 01/03/14 indicated the initial injury occurred on 01/29/13 when he was lifting and moving a 400 pound aluminum bar with two coworkers when one of the other workers tripped and fell. He reported subsequent right shoulder pain. He reported a locking sensation at the shoulder following the injury and rated the pain 9/10. Upon exam pain was elicited at the acromioclavicular joint. Operative report dated 02/27/14 indicated the injured worker undergoing superior labrum, anterior to posterior (SLAP) repair with subacromial decompression revision and chondroplasty at the glenoid.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Shoulder Post-op Vascutherm Days Rental (dispensed 2-27-14) RFA 2-13-14 Qty: 14.00:** 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), Shoulder, 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, Venous thrombosis.

**Decision rationale:** The injured worker is a 35 year old male. Vascutherm device is indicated for injured workers who are at risk for deep vein thrombosis. Given that the surgery was completed in the upper extremities and no information was submitted regarding the injured worker being at risk for deep vein thrombosis including Doppler study, this request for Right Shoulder Post-op Vascutherm Days Rental (dispensed 2-27-14) RFA 2-13-14 Qty: 14.00 is not indicated as medically necessary.

**Right Shoulder Post-op Full Arm Compress Pad Days Rental (dispensed 2-27-14) RFA 2-13-14 Qty 14.00:** 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), Shoulder, Cold Compression Therapy.

**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, Venous thrombosis.

**Decision rationale:** Since the Right Shoulder Post-op Vascutherm is not medically necessary, the Right Shoulder Post-op Full Arm Compress Pad is also not medically necessary.