MAXIMUS Federal Services

Case Number:	CM14-0094852		
Date Assigned:	07/25/2014	Date of Injury:	04/26/2012
Decision Date:	09/09/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/23/2014

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 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 claimant is a 54 year old injured in a work related accident on 04/26/12. This was a motor vehicle accident, resulting in bilateral shoulder and low back complaints. The current clinical records for review indicate that the claimant underwent left shoulder arthroscopy with debridement on 01/20/14. The report of the 03/04/14 follow up noted continued low back and shoulder complaints. Physical examination of the left shoulder showed diffuse tenderness on palpation, restricted motion at end points and -5/5 resistance strength. The report of the 04/29/14 follow up documented that the claimant's left shoulder was improving with surgery for right shoulder arthroscopy recommended. There are current requests for perioperative treatment in relationship to the claimant's right shoulder in the form of a VascuTherm DVT prevention unit, a heat/ cold compressive therapy device and a "body wrap" garment for use for thirty days.

IMR ISSUES, DECISIONS AND RATIONALES

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

VascuTherm with DVT Prevention (days) Qty: 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Date Institute; Official Disability Guidelines-Shoulder (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in

Worker's Comp, 18th Edition, 2013 Updates: forearm/wrist/hand procedure - Vasopneumatic devicesRecommended as an option to reduce edema after acute injury. Vasopneumatic devices apply pressure by special equipment to reduce swelling. They may be considered necessary to reduce edema after acute injury. Education for use of lymphedema pump in the home usually requires 1 or 2 sessions. Further treatment of lymphedema by the provider after the educational visits is generally not considered medically necessary. The treatment goal of vasopneumatic devices, such as intermittent compression therapy, is to reduce venous hypertension and edema by assisting venous blood flow back toward the heart. (McCulloch, 1995) (Moseley, 2007) See also Lymphedema pumps.

Decision rationale: California MTUS and ACOEM Guidelines do not address this request. Based on the Official Disability Guidelines, the request for VascuTherm compressive device would not be indicated. The records document that the claimant is to undergo right shoulder arthroscopy. There is no documentation of a prior history or underlying co-morbidities significant for veno-thrombolytic disease. The procedure will be performed as an outpatient arthroscopy for the shoulder with ambulation as tolerated post surgery. The medical records do not support that the claimant has an inherent risk for blood clot, based on the history, the procedure to be performed, and the claimant's previous response to the left sided surgical procedure.

Intermittent Hot/Cold Compression (days) Qty: 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute; Official Disability Guidelines-Shoulder (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure -Game Readyâ¿¢ accelerated recovery systemRecommended as an option after surgery, but not for nonsurgical treatment. See Continuous-flow cryotherapy. The Game Ready system combines Continuous-flow cryotherapy with the use of vaso-compression. While there are studies on Continuous-flow cryotherapy, there are no published high quality studies on the Game Ready device or any other combined system. However, in a recent yet-to-be-published RCT, patients treated with compressive cryotherapy after ACL reconstruction had better pain relief and less dependence on narcotic use than patients treated with cryotherapy alone. (Waterman, 2011).

Decision rationale: The California ACOEM Guidelines support the use of ice as a method of pain control for the shoulder. The Official Disability Guidelines do not support the role of a heat/cold compressive therapy device for thirty days as request. Combination therapy devices are typically only recommended for use up to seven days including home use in the post operative setting. This specific request for thirty days clearly exceeds the recommended guidelines and would not be supported.

Body Wrap (days) Qty: 30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure Compression garmentsRecommended. Good evidence for the use of compression is available, but little is known about dosimetry in compression, for how long and at what level compression should be applied. Low levels of compression 10-30 mmHg applied by stockings are effective in the management of telangiectases after sclerotherapy, varicose veins in pregnancy, the prevention of edema and deep vein thrombosis (DVT). 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. (Partsch, 2008) (Nelson-Cochrane, 2008) See also Lymphedema pumps; Venous thrombosis.Recent research: There is inconsistent evidence for compression stockings to prevent post-thrombotic syndrome (PTS) after first-time proximal deep venous thrombosis (DVT). The findings of this study do not support routine wearing of elastic compression stockings (ECS) after DVT. PTS is a chronic disorder affecting 40%-48% of patients during the first 2 years after acute symptomatic DVT. The American College of Chest Physicians currently recommends wearing compression stockings with 30-40 mm Hg pressure at the ankle for 2 years to reduce the risk of developing PTS, but the data supporting this recommendation are inconsistent, and come from small randomized trials without blinding. This high quality double-blind randomized trial compared compression stockings to sham stockings (without therapeutic compression) in 806 patients with proximal DVT and concluded otherwise. (Kahn, 2014).

Decision rationale: The MTUS and ACOEM Guidelines do not address this request. The Official Disability Guidelines do not support the use of a body wrap or other compressive garments for associated use with the devices in question. There is no current acute indication for the use of this device following an outpatient arthroscopic procedure to the shoulder.