

Case Number:	CM14-0099532		
Date Assigned:	07/28/2014	Date of Injury:	08/13/2012
Decision Date:	08/29/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/27/2014

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 Nevada. 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 records, presented for review, indicate that this 54-year-old female was reportedly injured on August 13, 2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated May 21, 2014, indicated that there were no right shoulder postoperative complaints. The physical examination demonstrated right shoulder discomfort with stress on the biceps tendon and good range of motion of the elbow, wrist, fingers and hand. The injured employee was recommended to continue her daily shoulder exercises and use pain medications only when necessary. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included a right shoulder arthroscopy with rotator cuff repair, debridement, and synovectomy and the use of a right shoulder sling. A request had been made for a 30 day rental of a vacuum thermal cold compression unit with deep venous thrombosis prophylaxis and a wrap and was not certified in the pre-authorization process on June 2, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm cold compression unit with Deep Venous Thrombosis (DVT) Prophylaxis 30 day rental per Request for Authorization (RFA) dated 4/14/14: 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) Treatment Integrated Treatment/Disability Duration Guidelines, Shoulder (Acute & Chronic), Knee & Leg (Acute & Chronic) and VascuTherm2, Therapy Modality.

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

Decision rationale: According to the Official Disability Guidelines, cold compression therapy is not recommended in the shoulder and there are no published studies supporting its usage. It is only recommended for usage for other body parts such as the knee. For this reason, this request for a 30 day rental of a vacuum thermal cold compression unit with deep venous thrombosis prophylaxis is not medically necessary.

Wrap per RFA dated 4/14/14: 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), Shoulder, Compression Garments.

Decision rationale: According to the Official Disability Guidelines, compression garments are generally not recommended for use in the shoulder deep venous thrombosis and pulmonary embolism events are common complications following lower extremity orthopedic surgery. For this reason, this request for a wrap is not medically necessary.