

Case Number:	CM14-0187556		
Date Assigned:	11/17/2014	Date of Injury:	11/30/2012
Decision Date:	01/12/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/10/2014

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 Minnesota. 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 53 year old female with right shoulder impingement and a partial thickness rotator cuff tear. She was initially certified for shoulder arthroscopy with subacromial decompression and Mumford procedure on 2/25/2014 but surgery was deferred for treatment of another problem. The shoulder surgery was scheduled for 9/9/2014. The disputed issue pertains to a request for 2 week rental of Vascutherm pneumatic compression therapy unit with pads. This was non-certified by Utilization Review citing ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm- pneumatic compression therapy (in days) 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

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

Decision rationale: California MTUS does not address this issue. ODG guidelines do not recommend cold compression devices after shoulder surgery. The risk of venous thrombosis after shoulder arthroscopy is 1 in 1000 and so prophylaxis is not medically necessary. The risk is

significant in total shoulder replacement. For arthroscopy continuous flow cryotherapy is recommended as an option for 7 days. This was certified by utilization review. However cold compression is not recommended. Therefore the request for Vascutherm pneumatic compression therapy rental for 14 days was not medically necessary.

Compression therapy pad QTY:1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Shoulder, Topic: cold compression; venous thrombosis

Decision rationale: The vascutherm pneumatic compression device was not medically necessary. Therefore the pad was also not medically necessary.