

Case Number:	CM14-0189869		
Date Assigned:	11/21/2014	Date of Injury:	04/10/2014
Decision Date:	01/08/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/13/2014

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 New York. 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 patient has a date of injury of April 10, 2014. The patient has chronic shoulder pain and underwent right shoulder arthroscopy with subacromial decompression and acromioplasty. The patient also had bursectomy and Mumford procedure with debridement of the rotator cuff at the same time. The medical records indicate that the patient has had residual pain in the shoulder after the surgery. The incisions are well-healed. The patient has been undergoing postoperative physical therapy. Medical records indicate that the patient is doing better postoperatively. At issue is whether additional medical items are necessary after the surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Vascutherm 2 Device, x 30 day rental: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ODG shoulder chapter

Decision rationale: Shoulder surgery is low risk surgery for deep vein thrombosis. There is no medical necessity for this item. Guidelines do not support the use of deep venous thrombosis

prophylaxis after routine shoulder surgery. In addition, heat therapy after shoulder surgery has not been shown to improve outcomes. Vascutherm devices not medically necessary.

Associated surgical service: Pneumatic Compressor for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ODG shoulder chapter

Decision rationale: Shoulder surgery is low risk surgery for deep vein thrombosis. There is no medical necessity for this item. Guidelines do not support the use of deep venous thrombosis prophylaxis after routine shoulder surgery. In addition, heat therapy after shoulder surgery has not been shown to improve outcomes. Pneumatic compression devices not medically necessary.

Associated surgical service: CPM Unit for shoulder x 30 day rental: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ODG shoulder chapter

Decision rationale: ODG guidelines do not recommend use of CPM after shoulder surgery. CPM has not been shown to improve outcomes after shoulder surgery.

Associated surgical service: Synthetic Sheepskin Pad for purchase: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since CPM is not medically necessary, then sheepskin is not needed. Sheepskin has not been shown to improve outcomes after shoulder surgery.