

<b>Case Number:</b>	CM14-0193950		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	07/24/2013
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2014

### 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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 is a 41 year old male who had a work injury dated 9/2/12. The diagnoses include right rotator cuff tear. Under consideration are requests for retro DOS 10/09/14 Vascutherm cold compression rental, retro DOS 10/09/14 compression therapy wrap purchase; retro DOS 10/09/14 shoulder CPM rental; retro DOS 10/09/14 sheepskin pad purchase. Progress report dated 08/21/14 indicates that the patient has persistent pain in the right shoulder, which has not improved and has had no relief from a shoulder injection in March. The patient has had an injection to the right shoulder and subacromial space which was administered in March of 2014. The injection provided short-term relief. The patient complains of intermittent and moderate pain in the right shoulder. On physical examination there is limited range of motion in flexion and abduction to 165 degrees, and positive Neer's and Hawkin's test, impingement signs, and O'Brien's test. The treatment plan recommends diagnostic and operative arthroscopy of the right shoulder. This was planned for 10/10/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective DOS 10/09/14 Vascutherm cold compression rental:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM and (ODG) 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) Shoulder: Continuous-flow cryotherapy; Antithrombotic Therapy and Prevention of Thrombosis, 9th Ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines | February 2012

**Decision rationale:** Retro DOS 10/09/14 Vascutherm cold compression rental is not medically necessary per the ODG Guidelines. The MTUS guidelines do not specifically address VascuTherm cold compression unit . Per an online review of Vascutherm, it appears that the Vascutherm is a compression and localized thermal (hot and cold) therapy device with DVT prophylaxis. The ODG recommends Continuous-flow cryotherapy as an option after knee surgery, but not for nonsurgical treatment. Per guidelines postoperative use for the shoulder generally may be up to 7 days, including home use. There is no documentation that patient will not be mobile or has any conditions that warrant post op DVT prophylaxis such as those referred to in the Executive Summary: Antithrombotic Therapy and Prevention of Thrombosis, 9th ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines . There is no documentation submitted as to why the patient can not use an at home ice pack or heating application or compression stockings if needed . Additionally the request does not specify a duration of postoperative use. For all of these request for Vascutherm is not medically necessary.

**Retrospective DOS 10/09/14 Compression Therapy Wrap purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM and (ODG) 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) Shoulder- cold compression therapy

**Decision rationale:** Retro DOS 10/09/14 Compression Therapy Wrap purchase is not medically necessary per the ODG Guidelines. The guidelines state that compression garments are not generally recommended in the shoulder. Deep venous thrombosis and pulmonary embolism events are common complications following lower-extremity orthopedic surgery, but they are rare following upper-extremity surgery, especially shoulder arthroscopy. It is still recommended to perform a thorough preoperative workup to uncover possible risk factors for deep venous thrombosis/ pulmonary embolism despite the rare occurrence of developing a pulmonary embolism following shoulder surgery. Mechanical or chemical prophylaxis should be administered for patients with identified coagulopathic risk factors. The documentation does not indicate extenuating circumstances requiring compression therapy wrap therefore this request is not medically necessary.

**Retrospective DOS 10/09/14 Shoulder CPM rental:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM and (ODG) 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) Shoulder-Continuous passive motion (CPM)

**Decision rationale:** Retro DOS 10/09/14 Shoulder CPM rental is not medically necessary per the ODG Guidelines. The ODG state that shoulder CPM is not recommended for shoulder rotator cuff problems or after shoulder surgery, but recommended as an option for adhesive capsulitis, up to 4 weeks/5 days per week. Additionally, the request does not have a duration of rental. The request for shoulder CPM is not medically necessary.

**Retrospective DOS 10/09/14 Sheepskin Pad Purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM and (ODG) Official Disability Guidelines

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

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.