

<b>Case Number:</b>	CM14-0040274		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	06/09/2010
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	01/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 Family Practice 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 patient is a 56-year-old male truck driver who sustained an industrial injury on June 9, 2000 at which time he felt right shoulder and bilateral neck pain while lifting a bundle of freight. Qualified medical evaluation dated March 1, 2011 notes the patient is a smoker of one pack per day. Right shoulder magnetic resonance imaging dated May 14, 2013 revealed (1) Tendinopathy and intrasubstance delamination long head of the biceps insertion to the superior labrum without communicating tear (2) Glenohumeral degeneration with osteophyte formation inferiorly at the axillary recess (3) Quite a bit tendinopathy and intrasubstance delamination through the main body of the supra spinatus tendon at the insertion (4) Acromioclavicular joint synovial hypertrophy and synovitis. The patient is diagnosed with bilateral shoulder impingement syndrome, bilateral shoulder pain, cervical spine sprain strain with bilateral upper extremity radiculopathy, subclinical carpal tunnel syndrome per nerve conduction velocity examination and psychiatric and sleep issues relative to history of chronic pain. Right shoulder arthroscopy, subacromial decompression, debridement versus repair of rotator cuff, possible biceps tenotomy and possible distal clavicle resection has been approved. The patient was seen on November 6, 2013 at which time he complained of moderate to severe continue with bilateral shoulder pain. Right shoulder examination revealed acromioclavicular joint tenderness, diminished and painful range of motion, positive impingement, and positive Speed's test. Utilization review was performed on January 9, 2014 at which time durable medical equipment recommended for post right shoulder surgery was noncertified. The peer reviewer noted that based on the clinical information submitted and using evidence-based peer-reviewed guidelines, the request for arm support, sling, pad for water circulating heat unit for replacement only, and Vascutherm was denied.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Vascutherm 30 days rental-(durable medical equipment-miscellaneous): Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563. Decision based on Non-MTUS Citation Official Diagnosis Guide Shoulder (updated 12/27/13) Continuous-flow Cryotherapy, Venous Thrombosis.

**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; <http://www.mayoclinic.org/diseases-conditions/deep-vein-thrombosis/basics/risk-factors/con-20031922>.

**Decision rationale:** The MTUS guidelines do not address Vascutherm units. According to ODG, compression garments are generally not recommended in the shoulder. However, ODG notes that the final decision to consider thromboprophylaxis rests with the operating surgeon. In this case, the patient is noted to be a 56 year old male smoker of one pack per day. According to the mayoclinic.org, being a smoker increases the risk of development of deep vein thrombosis. The request for Vascutherm 30 days rental is medically necessary.

### **Arm support (purchase) quantity 1 .: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Postoperative abduction pillow.

**Decision rationale:** The MTUS guidelines do not address arm supports. According to ODG, postoperative abduction pillow sling is recommended as an option following open repair of large and massive rotator cuff tears. The patient will be undergoing right shoulder arthroscopy, subacromial decompression, debridement versus repair of rotator cuff, possible biceps tenotomy and possible distal clavicle resection. There is no evidence of large or massive tear on imaging studies to support the requested durable medical equipment. The request for arm support is medically necessary.

### **Sling (purchase), quantity:1: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chapter 9, Shoulder Complaints Page(s): 204.

**Decision rationale:** According to the CA MTUS ACOEM Guidelines, a sling may be warranted for AC joint strain or separation, or for acute pain in patients with rotator cuff tear. The patient will be undergoing right shoulder arthroscopy, subacromial decompression, debridement versus repair of rotator cuff, possible biceps tenotomy and possible distal clavicle resection. The request for a sling to be worn post operatively is medically necessary.

**Pad for water circulating heat unit, for replacement only.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212.

**Decision rationale:** According to the CA MTUS ACOEM Guidelines regarding shoulder complaints, at home application of heat or cold packs is recommended. The patient has been authorized to undergo shoulder surgical intervention. While standard over the counter hot pack are recommended by the guidelines, the request for specialty dural medical equipment for heat is not supported. The request for 1 pad for water circulating heat unit, for replacement only, is not medically necessary.