

<b>Case Number:</b>	CM14-0043319		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	10/23/2012
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2014

### 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 Physical Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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 67 year old male with an injury date on 10/23/12. Patient complains of bilateral wrist on/off pain only at night associated with cold weather per 2/6/14 report. There is swelling of the fingers at night but is helped by wrist braces per 2/6/14 report. The patient also has bilateral shoulder pain, right > left, right side rated 7-8/10, left side rated 2-3/10, and neck pain rated 3-5/10 with spasms and increased pain with shoulder movement per 12/16/13 report. Based on the 2/12/14 progress report provided by the treating physician, the diagnoses are: 1. right shoulder pain and dysfunction 2. right shoulder impingement 3. right shoulder AC joint arthrosis 4. right shoulder rotator cuff tear with slight retraction A physical exam on 2/12/14 showed "range of motion of right shoulder slightly diminished with abduction reduced by 10 degrees." The patient's treatment history includes medication, bracing, and physical therapy. The treating physician is requesting right shoulder vascultherm pneumatic cold compression unit x 30 days, wrap purchase. The utilization review determination being challenged is dated 3/21/14. The requesting physician provided treatment reports from 12/16/13 to 4/4/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Shoulder Vascultherm Pneumatic Cold Compression unit x 30 days, wrap purchase:**  
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 Chapter, Venous Thrombosis.

**Decision rationale:** This patient presents with bilateral wrist pain, bilateral shoulder pain, and neck pain. The treater has asked for Right Shoulder Vascutherm Pneumatic Cold Compression unit x 30 days, Wrap purchase on 2/25/14. The patient will be undergoing right shoulder surgery on 2/27/14. Regarding compression DVT prophylaxis, ODG guidelines shoulder chapter states, "The administration of DVT prophylaxis is not generally recommended in shoulder arthroscopy procedures." The incidence of DVT can increase depending on invasiveness of the surgery, postoperative immobilization period and use of central venous catheters. In this case, there is no discussion regarding any specific risk factors for an upper extremity DVT. The proposed surgery appears to be an arthroscopic surgery for which DVT prophylaxis is not recommended per ODG. It is unlikely that the patient will have any significant post-operative period of immobilization and no central venous catheter is being proposed. The request is not medically necessary.