

<b>Case Number:</b>	CM14-0045061		
<b>Date Assigned:</b>	04/14/2014	<b>Date of Injury:</b>	01/24/2013
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	03/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: Pennsylvania  
Certification(s)/Specialty: Internal Medicine

### 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 62 year old male with a date of injury of 1/24/13 due to a fall. Diagnoses include right shoulder massive rotator cuff tear and tendinosis and long head biceps tear, right shoulder subacromial bursitis, right shoulder subacromial impingement, and right shoulder symptomatic acromioclavicular joint. Initial treatment included ibuprofen and work modification. On 5/13/13, the injured worker underwent right shoulder arthroscopy, superior labral debridement, subscapularis debridement, arthroscopic subacromial decompression, massive rotator cuff repair with two anchors, distal clavicle arthroplasty, and acromioplasty. He underwent postoperative physical therapy. Per the PR2 of 10/17/13, he had persistent pain rated 4 out of 10 in severity. Examination of the right shoulder revealed surgical incisions were healed, no deformity or malalignment, normal muscle tone, no soft tissue swelling, tenderness over the biceps tendon proximally, decreased range of motion, positive impingement signs, negative instability tests, and intact neurological examination. Work status was noted as no use of the right upper extremity and no driving. Magnetic resonance imaging (MRI) arthrogram of the right shoulder on 10/22/13 showed new large full thickness tear of the supraspinatus tendon, infraspinatus tendon, and superior fibers of subscapularis tendon and moderate degenerative hypertrophy of the acromioclavicular joint. Consultation with an orthopedic surgeon with specialty in rotator cuff repair with graft reinforcement was requested. The orthopedic consultant recommended right shoulder arthroscopic decompression with distal clavicle resection and possible rotator cuff repair vs. debridement, and work status was changed to temporarily totally disable. On 3/3/14, the injured worker underwent right shoulder arthroscopy with debridement

and right shoulder rotator cuff repair. A PR2 of 3/13/14 notes that the injured worker complained of burning pain in the right shoulder rated 6-7 out of 10 in severity, and that he was taking oxycodone/acetaminophen for pain. Examination showed swelling of the entire shoulder, with no bone or joint malalignment, surgery sites were clean, dry, and intact, range of motion was limited due to pain, with no instability, and intact pulses. On 3/18/14, Utilization Review non-certified requests for Urgent DVT device 1 day, urgent shoulder SEWHO brace for purchase, Urgent Vascutherm and DVT wraps for purchase, and Urgent Vascutherm cold compression unit 30 days, citing the ACOEM and ODG.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **URGENT DVT DEVICE 1 DAY: 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, Venous thrombosis

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation shoulder chapter, knee and leg chapter: venous thrombosis

**Decision rationale:** The ODG recommends identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures. Risk factors for venous thrombosis include immobility, surgery, family history of venous thrombosis, and prothrombotic genetic variants. Options for deep venous thrombosis (DVT) prophylaxis include anticoagulants, aspirin, and sequential compression devices. Although mechanical methods do reduce the risk of DVT, there is no evidence that they reduce the main threat which is the risk of pulmonary embolism including fatal pulmonary embolism or total mortality, while pharmacological methods significantly reduce all of these outcomes. Stockings are recommended for prevention of venous thromboembolism except in stroke patients. Mechanical compression should be utilized for both total hip and knee arthroplasty for all patients in the recovery room and during the hospital stay. For shoulder surgery, the ODG recommends monitoring risk of perioperative thromboembolic complications in both the acute and subacute postoperative periods for possible treatment, and identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. In the shoulder, risk depends on the invasiveness of the procedure, the postoperative immobilization period, and use of central venous catheters. The incidence of upper extremity DVT is much lower than that of lower extremity DVT. The administration of DVT prophylaxis is not generally recommended in shoulder arthroscopy procedures. In this case, there was no documentation of family history of venous thrombosis or prothrombotic genetic variants. The injured worker did not have documentation of prior DVT, he was not identified as being at high risk for postoperative DVT, and there was no documentation of additional planned surgery. For these reasons, the request for Urgent DVT device one day is not medically necessary.

#### **URGENT VASCUTHERM AND DVT WRAPS FOR PURCHASE: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist, and Hand Vasopneumatic devices, Knee and Leg Compression garments

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation shoulder chapter, knee and leg chapter: venous thrombosis

**Decision rationale:** The ODG recommends identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures. Risk factors for venous thrombosis include immobility, surgery, family history of venous thrombosis, and prothrombotic genetic variants. Options for deep venous thrombosis (DVT) prophylaxis include anticoagulants, aspirin, and sequential compression devices. Although mechanical methods do reduce the risk of DVT, there is no evidence that they reduce the main threat which is the risk of pulmonary embolism including fatal pulmonary embolism or total mortality, while pharmacological methods significantly reduce all of these outcomes. Stockings are recommended for prevention of venous thromboembolism except in stroke patients. The incidence of upper extremity DVT is much lower than that of lower extremity DVT. The administration of DVT prophylaxis is not generally recommended in shoulder arthroscopy procedures. Vascutherm device provides heat, cold, compression, and DVT prophylaxis. The request did not specify directions for use, and duration of use was also not provided, making the request not sufficiently specific. In this case, there was no documentation of family history of venous thrombosis or prothrombotic genetic variants. The injured worker did not have documentation of prior DVT, he was not identified as being at high risk for postoperative DVT, and there was no documentation of additional planned surgery. The request for urgent Vascutherm and DVT wraps for purchase is not medically necessary.

**URGENT SHOULDER SEWHO BRACE FOR PURCHASE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563. Decision based on Non-MTUS Citation Official Disability Guidelines - Shoulder

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation shoulder chapter: postoperative abduction pillow sling

**Decision rationale:** Per the ODG, a postoperative abduction pillow sling is recommended as an option following open repair of large and massive rotator cuff tears. The sling/abduction pillow keeps the arm in a position that takes tension off the repaired tendon. Abduction pillows for large and massive tears may decrease tendon contact to the prepared sulcus but are not used for arthroscopic repairs. The injured worker underwent right shoulder arthroscopy with debridement and right shoulder rotator cuff repair in March 2014. The requested SEWHO brace is a shoulder orthosis for abduction positioning. The specific indication for the requested brace was not provided, nor were instructions or duration of use. The surgery performed was an arthroscopic repair, and per the ODG the use of a similar abduction pillow sling is not used for

arthroscopic repairs. The request for urgent shoulder SEWHO brace for purchase is not medically necessary.

**URGENT VASCUTHERM COLD COMPRESSION UNIT 30 DAYS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563. Decision based on Non-MTUS Citation Official Disability Guidelines - Shoulder

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation shouder chapter: continuous flow cryotherapy

**Decision rationale:** The ODG notes that continuous cold cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use may generally be up to 7 days. The Vascutherm device provides heat, cold, compression, and/or deep venous thrombosis prophylaxis. The injured worker underwent surgery in March 2014 and there was no additional planned surgery discussed in the documentation provided. The request for 30 days of cold compression exceeds the recommendation for up to 7 days of postoperative use, and the current time frame is more than 7 days after the most recent surgery. The request for urgent Vascutherm cold compression unit 30 days is not medically necessary.