

Case Number:	CM15-0131120		
Date Assigned:	07/17/2015	Date of Injury:	08/03/2006
Decision Date:	08/14/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/07/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 57 year old male who sustained an industrial injury on 8-3-06. Diagnoses are tear of rotator cuff, arthritis of shoulder, biceps tendonitis, left shoulder pain, high blood pressure, status post total shoulder arthroplasty-left 6-5-14, status post right shoulder removal of hemiarthroplasty-conversion to total shoulder arthroplasty-2015. In a progress report dated 1-21-15, the treating physician notes the injured worker had a right hemiarthroplasty and left total. The left is much better as far as pain and is less achy. He is taking Tylenol #4 and cutting them in half. Radiographs of the right shoulder reveal the hemiarthroplasty is in place. There is a narrowing of his joint. Radiographs of the left shoulder reveals there is joint space and is centered. He is seven months post surgery on the left shoulder and the plan is to convert the right shoulder to a total. In a progress report dated 3-4-15, the treating physician notes he is status post total shoulder arthroplasty 6-5-14. He has had 24 visits of physical therapy. Current medications are Tylenol and Motrin. He continues to struggle with increased motion. He also takes Tylenol number 4. His shoulder elevates to 115, abducts to 75, externally rotates to 40 degrees and internally rotates to his sacroiliac joint. His right shoulder elevates to 120 degrees with pain, abducts to 70 degrees, externally rotates to 60 degrees, and internally rotates to his buttocks. The plan is to convert his shoulder to total shoulder arthroplasty. In a history and physical exam note dated 4-28-15, the treating physician reports a history of arthritis and trauma, status post surgical repair of the right shoulder with post operative pain control challenges. Right shoulder and elbow tenderness noted with any movement post-operatively. In a progress note dated 4-30-15, the physician reports he is doing well with pain better controlled. The requested treatment is a Vacsutherm Cold therapy unit for 7 additional days and a full arm wrap.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm cold therapy unit for 7 additional days: 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 Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cold/heat packs.?(http://www.worklossdatainstitute.verioiponly.com/odgtwc/low_back.htm#SPECT).

Decision rationale: According to ODG guidelines, cold therapy is "Recommended as an option for acute pain. At-home local applications of cold packs in first few days of acute complaint; thereafter, applications of heat packs or cold packs. (Bigos, 1999) (Airaksinen, 2003) (Bleakley, 2004) (Hubbard, 2004) Continuous low-level heat wrap therapy is superior to both acetaminophen and ibuprofen for treating low back pain. (Nadler 2003) The evidence for the application of cold treatment to low-back pain is more limited than heat therapy, with only three poor quality studies located that support its use, but studies confirm that it may be a low risk low cost option. (French-Cochrane, 2006) There is minimal evidence supporting the use of cold therapy, but heat therapy has been found to be helpful for pain reduction and return to normal function. (Kinkade, 2007) See also Heat therapy; Biofreeze cryotherapy gel." There is no controlled studies supporting the use of hot/cold therapy in post op pain beyond 7 days after surgery. Therefore, the request for Vascutherm cold therapy unit for 7 additional days is not medically necessary.

Full arm wrap: 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 chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Compression garments. <http://www.odg-twc.com/index.html>.

Decision rationale: According to ODG guidelines, Compression garments "Recommended. Good evidence for the use of compression is available, but little is known about dosimetry in compression, for how long and at what level compression should be applied. Low levels of compression 10-30 mmHg applied by stockings are effective in the management of telangiectases after sclerotherapy, varicose veins in pregnancy, the prevention of edema and deep vein thrombosis (DVT). High levels of compression produced by bandaging and strong

compression stockings (30-40 mmHg) are effective at healing leg ulcers and preventing progression of post-thrombotic syndrome as well as in the management of lymphedema. (Parsch, 2008) (Nelson-Cochrane, 2008) See also Lymphedema pumps; Venous thrombosis. Recent research: There is inconsistent evidence for compression stockings to prevent post-thrombotic syndrome (PTS) after first-time proximal deep venous thrombosis (DVT). The findings of this study do not support routine wearing of elastic compression stockings (ECS) after DVT. PTS is a chronic disorder affecting 40%-48% of patients during the first 2 years after acute symptomatic DVT. The American College of Chest Physicians currently recommends wearing compression stockings with 30-40 mm Hg pressure at the ankle for 2 years to reduce the risk of developing PTS, but the data supporting this recommendation are inconsistent, and come from small randomized trials without blinding. This high quality double-blind randomized trial compared compression stockings to sham stockings (without therapeutic compression) in 806 patients with proximal DVT and concluded otherwise. (Kahn, 2014)." There is no documentation that the patient is at increased risk of DVT or cannot use anticoagulation. Therefore, the request is not medically necessary.