

Case Number:	CM15-0138382		
Date Assigned:	07/28/2015	Date of Injury:	09/26/2013
Decision Date:	08/28/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/16/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 39-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of December 26, 2013. In a utilization review report dated August 5, 2015, the claims administrator failed to approve a request for a VascuTherm device apparently intended for postoperative use following a June 30, 2015 arthroscopic labral resection, capsular release, and claviculoplasty. The applicant's attorney subsequently appealed. On a July 8, 2015, progress note, omeprazole, Sonata, Naprosyn, and Tylenol No. 4 were endorsed for postoperative use purposes. In a July 7, 2015 office visit, the applicant was described as doing home exercises daily. The applicant was described as doing well postoperatively. The applicant was still using a cold therapy unit, as was suggested now. Well-preserved shoulder range of motion with flexion to 170 degrees and abduction to 120 degrees was reported. The applicant was placed off work, on total temporary disability. Physical therapy, Naprosyn, Percocet, and Restoril were endorsed for as-needed use purposes. The applicant was asked to continue usage of the VascuTherm device, which the treating provider suggested represented a combination cold therapy - DVT prophylaxis device.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm 30 days postoperatively: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Continuous Flow Cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 1. Shoulder Disorders, Continuous-flow cryotherapy². Shoulder Disorders, Venous thrombosis and Other Medical Treatment Guidelines <http://www.thermotekusa.com/mdvascutherm.php>. Therapy Modality Compression - Device with various wraps for arm, leg, etc. Alternating / Intermittent Compression between 35mmHg and 15mmHg Localized thermal therapy (hot or cold) for post traumatic and post surgical conditions. Contrast Therapy - Automatically alternates from hot to cold therapy (20 minutes at 49° F and 10 minutes at 105° F repeating continuously). For pain management. Combined with compression to enhance thermal transfer. DVT Prophylaxis - Decrease the risk of deep venous thrombosis (DVT). Primarily post surgical.

Decision rationale: No, the request for usage of a VascuTherm combination DVT prophylaxis - cold therapy device was not medically necessary, medically appropriate, or indicated here. Per the product description, the device in question represents a form of localized hot and/or cold therapy for postoperative conditions and/or a means of furnishing DVT prophylaxis. The MTUS does not address these topics. However, ODG's Shoulder Chapter, Continuous Flow Cryotherapy Topic notes that continuous flow cryotherapy following shoulder surgery should be limited to seven days of postoperative use. Here, thus, the request for 30 days of postoperative use, thus, ran counter to ODG principles and parameters. ODG cautions against protracted usage of continuous cooling devices, noting that prolonged or protracted usage can result in frostbite if unattended. The attending provider failed to furnish a clear or compelling rationale for 30-day usage of the cryotherapy modality and the device in the face of the unfavorable ODG position on such usage. ODG's Shoulder Chapter, Venous Thrombosis Topic also notes that the administration of DVT prophylaxis is not generally recommended in shoulder arthroscopy procedures as the risk of developing a DVT following a shoulder arthroscopy, as transpired here, is "very rare." Thus, both the continuous flow cryotherapy and DVT prophylaxis components of the VascuTherm device were not recommended in the clinical context present here. Therefore, the request was not medically necessary.