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| Case Number: | CM15-0168235 | | |
| Date Assigned: | 09/08/2015 | Date of Injury: | 07/18/2012 |
| Decision Date: | 10/14/2015 | UR Denial Date: | 07/31/2015 |
| Priority: | Standard | Application Received: | 08/26/2015 |

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: 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 injured worker is a 42 year old male who sustained an industrial injury on 7-18-2012. Medical records indicate the injured worker is being treated for pain in the left shoulder. Medical record dated 7-2-2015 rated his pain level was a 4 out of 10. On 6-5-2015 pain was rated a 5 out of 10. Sometimes pain radiated down the arm. Physical examination noted the range of motion was 170 degrees, 90 degrees, 45 degrees, 45 degrees, and 30 degrees. Range of motion had increased since the last visit. Treatment has included pain medications, anti-inflammatories, and physical therapy. The utilization review form dated 7-31-2015 included Vascutherm 4 system for four weeks and purchase of Vascutherm shoulder garment.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME rental of Vascutherm 4 system for four (4) weeks: Upheld

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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter/Cold Compression Therapy Section, Continuous-flow Cryotherapy Section.

Decision rationale: The MTUS Guidelines do not address the use of cold compression therapy for the shoulder. The ODG does not recommend the use of cold compression therapy for the shoulder as there are no published studies. Continuous-flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to seven days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage. In regards to compression, the ODG states that compression is not generally recommended in the shoulder. Deep venous thrombosis and pulmonary embolism events are common complications following lower-extremity orthopedic surgery, but they are rare following upper-extremity surgery, especially shoulder arthroscopy. It is still recommended to perform a thorough preoperative workup to uncover possible risk factors for deep venous thrombosis/ pulmonary embolism despite the rare occurrence of developing a pulmonary embolism following shoulder surgery. Mechanical or chemical prophylaxis should be administered for patients with identified coagulopathic risk factors. Although variability exists in the reported incidence of VTE, surgeons should still be aware of the potential for this serious complication after shoulder arthroplasty. Available evidence suggests a low incidence, but the final decision to consider thromboprophylaxis rests with the operating surgeon. In this case, there is no indication that the injured worker is at risk for post-surgical DVT. In addition, the request for 4 weeks of cryotherapy exceeds the recommendations of the guidelines. The request for DME rental of Vascutherm 4 system for four (4) weeks is determined to not be medically necessary.

Purchase of Vascutherm shoulder garment: Upheld

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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter/Cold Compression Therapy Section, Continuous-flow Cryotherapy Section.

Decision rationale: The MTUS Guidelines do not address the use of cold compression therapy for the shoulder. The ODG does not recommend the use of cold compression therapy for the shoulder as there are no published studies. Continuous-flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to seven days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage. In regards to compression, the ODG states that compression is not generally recommended in the shoulder. Deep venous thrombosis and pulmonary embolism events are common complications following lower-extremity orthopedic surgery, but they are rare following upper-extremity surgery, especially shoulder arthroscopy. It is still recommended to perform a thorough preoperative workup to uncover possible risk factors for deep venous thrombosis/ pulmonary embolism despite the rare occurrence of developing a pulmonary embolism following shoulder surgery. Mechanical or chemical prophylaxis should be administered for patients with

identified coagulopathic risk factors. Although variability exists in the reported incidence of VTE, surgeons should still be aware of the potential for this serious complication after shoulder arthroplasty. Available evidence suggests a low incidence, but the final decision to consider thromboprophylaxis rests with the operating surgeon. In this case, there is no indication that the injured worker is at risk for post-surgical DVT. In addition, the request for 4 weeks of cryotherapy exceeds the recommendations of the guidelines. As the request for DME rental of Vascutherm 4 system for four (4) weeks is determined to not be medically necessary, there is no indication for the shoulder garment. The request for purchase of Vascutherm shoulder garment is determined to not be medically necessary.