

Case Number:	CM15-0183183		
Date Assigned:	09/24/2015	Date of Injury:	01/31/2014
Decision Date:	10/30/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/17/2015

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, Florida, 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 48 year old female, who sustained an industrial-work injury on 1-31-14. A review of the medical records indicates that the injured worker is undergoing treatment for rotator cuff sprain and strain, adhesive capsulitis of shoulder, other affections shoulder region, generalized osteoarthritis of the shoulder region. Medical records dated (6-12-15 to 7-29-15) indicate that the injured worker complains of continued pain in the right shoulder with increased pain at night, increased stiffness, and increased pain with activities of daily living (ADL). The physician indicates that show has completed physical therapy and injections but her symptoms persist. The medical records also indicate worsening of the activities of daily living due to pain. Per the treating physician report dated 6-12-15 the injured worker has not returned to work. The physical exam dated 7-29-15 reveals right shoulder decreased range of motion with painful arc of motion and abduction. The range of motion is all with stiff and painful endpoints. There is moderately painful positive impingement. The supraspinatus exam is 4 out of 5 with mild pain noted on isolation and loading. The physician indicates that the injured worker has failed maximum conservative measures and wishes to proceed with right shoulder surgery. The physician indicates in the medical record dated 3-11-15 that the right shoulder Magnetic Resonance Imaging (MRI) reveals "mild degenerative changes of the AC and glenohumeral joint with rotator cuff tendinosis and there are findings suspicious for labral tear." Treatment to date has included pain medication, diagnostics, and Kenalog injection right shoulder 8-22-14 with mild temporary relief, physical therapy (unknown amount), off of work, activity modifications, and other modalities. The request for authorization date was 7-30-15 and requested service

included 30-day post-operative rental of Vascutherm unit. The original Utilization review dated 8-18-15 non-certified the request as per the guidelines a DVT (deep vein thrombosis) unit would not be indicated for the upper extremity surgical procedure. The medical records do not establish any red flags to warrant DVT compression. Therefore, the request is not medically indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

30-day post-operative rental of Vascutherm unit: 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 (Online Version)-Compression Garments, Cold Compression Therapy, Venous Thrombosis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee, DVT prophylaxis.

Decision rationale: Key points are as follows. The claimant was injured in 2014 with a rotator cuff sprain and strain, adhesive capsulitis of shoulder, other affections shoulder region, generalized osteoarthritis of the shoulder region. The doctor was planning shoulder surgery. The medical records do not establish any red flags to warrant deep venous thrombosis risk. The ODG notes in regards for compressive devices for deep venous thrombosis prevention: Recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. This patient lacks significant risk factors for deep venous thrombosis, such that I would not agree with the compression rental following the surgery. The request is not medically necessary.