

Case Number:	CM15-0194389		
Date Assigned:	10/08/2015	Date of Injury:	03/12/2012
Decision Date:	12/11/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/02/2015

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 York, California
 Certification(s)/Specialty: Emergency 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 54 year old female, who sustained an industrial injury on 3-12-2012. Several documents within the submitted medical records are difficult to decipher. The injured worker is undergoing treatment for adhesive capsulitis of the right shoulder. Medical records dated 7-27-2015 indicate the injured worker complains of right shoulder pain. The treating physician indicates she has gotten her cardiac clearance for right shoulder surgery. Physical exam dated 7-24-2015 notes right shoulder tenderness to palpation and decreased range of motion (ROM). "There is positive endpoint with passive motion and pain." Treatment to date has included magnetic resonance imaging (MRI), X-rays, physical therapy, acupuncture, cortisone injections, medication and activity alteration. The original utilization review dated 9-11-2015 indicates the request for Vascutherm 14 days rental for right shoulder is modified and compression therapy pad #1 purchase, EMS unit #1 purchase for right shoulder and DVT lite for home use #2 purchase is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm 14 days rental for right shoulder: 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 and cold compression therapy.

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: Continuous flow cryotherapy.

Decision rationale: The MTUS does not provide direction for continuous flow cryotherapy. The Official Disability Guidelines this therapy for consideration of up to 7 days after surgery. The units are not recommended for non-surgical treatment. In this case, the unit is not being requested for the perioperative period for 14 days. This intended duration exceeds the guideline recommendations. The request is determined not medically necessary.

Compression therapy pad QTY 1 purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: Compression garments.

Decision rationale: CaMTUS is silent on this topic. The above referenced ODG guideline states compression garments are, "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." The requesting provider does not provide a rationale or details surrounding the request for the compression therapy pad. Without this clarity in the guidelines or adherence to the guidelines, the request for a compression therapy pad is determined not medically necessary.

EMS unit QTY 1 purchase for right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: Neuromuscular electrical stimulation.

Decision rationale: CaMTUS is silent on this topic. The above referenced ODG guideline states, "Under study for use with exercises to enhance the amount of force production and potentially minimize the inhibition of the rotator cuff after repair surgery. Not recommended for pain. There are no quality trials suggesting benefit from NMES for chronic pain. See the Pain Chapter. Muscle weakness, particularly of shoulder external rotation, is common after rotator

cuff repair surgery. NMES has been shown to be an effective adjunct in the enhancement of muscle recruitment. This study concluded that NMES may be used concomitantly with exercises to enhance the amount of force production and potentially minimize the inhibition of the rotator cuff after repair surgery. (Reinold, 2008) NMES, through multiple channels, attempts to stimulate motor nerves and alternately causes contraction and relaxation of muscles, unlike a TENS device which is intended to alter the perception of pain. NMES devices are used to prevent or retard disuse atrophy, relax muscle spasm, increase blood circulation, maintain or increase range-of-motion, and re-educate muscles." The submitted documents do not discuss the intended purpose or use of the EMS unit. Per the guidelines, the therapy is not recommended for pain. It is reasonable for the perioperative period following a rotator cuff repair. The request is for a purchase of the unit, which does not put limitations on the timeframe or intended use of this device. Without clarity of the request or clear adherence to the guidelines, the request for a purchase of an EMS unit is determined not medically necessary.

DVT lite for home use QTY: 2 purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: compression garments.

Decision rationale: CaMTUS is silent on this topic. DVT lite is a sequential compression device used in the prevention of DVTs in post-surgical patients. The above referenced ODG guideline states compression garments are, "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. (Edgar, 2012) Although variability exists in the reported incidence of VTE, surgeons should still be aware of the potential for this serious complication after shoulder arthroplasty. (Saleh, 2013) Available evidence suggests a low incidence, but the final decision to consider thromboprophylaxis rests with the operating surgeon." Without the support of the guidelines, the request for 2 home use DVT lite units for purchase is determined not medically necessary.