

Case Number:	CM15-0204576		
Date Assigned:	10/21/2015	Date of Injury:	09/10/2012
Decision Date:	12/28/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/19/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 59 year old male, who sustained an industrial injury on 9-10-2012. The injured worker is being treated for partial rotator cuff tear bilateral shoulders, worse on the left. Treatment to date has included diagnostics, physical therapy, rest, ice and medications including anti-inflammatories and analgesics. Per the Primary Treating Physician's Progress Report dated 6-02-2015, the injured worker presented for orthopedic reevaluation of his bilateral shoulders. He reported pain in the bilateral shoulders, worse on the left. Objective findings included left shoulder range of motion 0-160 degrees of forward flexion and abduction with stiffness and pain at end ranges of motion. Work status was temporarily totally disabled. The plan of care included left shoulder diagnostic and operative arthroscopy. The IW underwent the scheduled surgery on 6-19-2015. Authorization was requested on 6-19-2015 for vascutherm 14 day rental, purchase of one compression therapy pad, shoulder continuous passive motion (CPM) 14 day rental, and purchase of one sheepskin pad (DOS 6-19-2015). On 9-15-2015, Utilization Review non-certified the request for vascutherm 14 day rental, compression therapy pad, shoulder continuous passive motion (CPM) 14 day rental, and sheepskin pad (DOS 6-19-2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Vascutherm, 14 day rental for the left shoulder for DOS 6/19/15: 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 Chapter.

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, Venous Thrombosis & Continuous-flow cryotherapy Entries.

Decision rationale: With regard to the request for a Vascutherm unit rental, this is a combination unit and thus distinct sections of the ODG are referenced. The Vascutherm is a multi-purpose device which can perform compression intermittently for DVT prophylaxis, localized thermal therapy (hot or cold) for post traumatic and post surgical conditions, and contrast therapy. In this case, it is being requested following a left shoulder arthroscopy performed on 6/19/15. However, the guidelines recommend against greater than 7 day rental of continuous cryotherapy. Furthermore, the ODG specifies that uncomplicated shoulder surgeries are low risk for DVT and prophylaxis is not routinely needed. "Deep vein thrombosis (DVT) has an incidence of 1 case per 1000 and it is very rare after arthroscopy of the shoulder. The administration of DVT prophylaxis is not generally recommended in shoulder arthroscopy procedures. (Garofalo, 2010)" The progress notes fail to identify any hypercoagulable propensities or extenuating factors which would lead to thrombosis. Given this, this request is not medically necessary.

Retrospective compression therapy pad for DOS 6/19/15: 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, Venous Thrombosis & Continuous-flow cryotherapy Entries.

Decision rationale: In this case, the appropriateness of this request depends on whether the Vascutherm unit is medically necessary. With regard to the request for a Vascutherm unit rental, this is a combination unit and thus distinct sections of the ODG are referenced. The Vascutherm is a multi-purpose device which can perform compression intermittently for DVT prophylaxis, localized thermal therapy (hot or cold) for post traumatic and post surgical conditions, and contrast therapy. In this case, it is being requested following a left shoulder arthroscopy performed on 6/19/15. However, the guidelines recommend against greater than 7 day rental of continuous cryotherapy. Furthermore, the ODG specifies that uncomplicated shoulder surgeries are low risk for DVT and prophylaxis is not routinely needed. "Deep vein thrombosis (DVT) has an incidence of 1 case per 1000 and it is very rare after arthroscopy of the shoulder. The administration of DVT prophylaxis is not generally recommended in shoulder arthroscopy procedures. (Garofalo, 2010)" The progress notes fail to identify any hypercoagulable propensities or extenuating factors which would lead to thrombosis. Given this, this request is not medically necessary. Since the unit is not needed, this request is also not necessary.

Retrospective shoulder CPM 14 day rental for DOS 6/19/15: 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, Continuous passive motion (CPM).

Decision rationale: Regarding the request for continuous passive motion machine, California MTUS and ACOEM do not contain criteria for this treatment modality. ODG states continuous passive motion is not recommended after shoulder surgery or for nonsurgical treatment. Rather it is suggested as an option in adhesive capsulitis. The documentation does not suggest that the worker is suffering from adhesive capsulitis. As such, the currently requested continuous passive motion machine is not medically necessary.

Retrospective sheepskin pad for DOS 6/19/15: 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, Continuous passive motion (CPM).

Decision rationale: Regarding the request for this accessory pad for a continuous passive motion machine, California MTUS and ACOEM do not contain criteria for this treatment modality. ODG states continuous passive motion is not recommended after shoulder surgery or for nonsurgical treatment. Rather it is suggested as an option in adhesive capsulitis. The documentation does not suggest that the worker is suffering from adhesive capsulitis. As such, the currently requested sheepskin pad for CPM is not medically necessary.