

Case Number:	CM15-0210332		
Date Assigned:	10/29/2015	Date of Injury:	10/12/2007
Decision Date:	12/10/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/26/2015

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: 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 57 year old male, who sustained an industrial injury on 10-12-2007. Medical records indicate the worker is undergoing treatment for status post right shoulder surgery on 9-14-2015. A recent progress report dated 9-24-2015, reported the injured worker reported well controlled pain. Physical examination revealed intact incisions and shoulder abduction of almost 90 degrees. X rays of the right shoulder show no evidence of hardware failure. Laboratory studies showed positive surgical cultures for methicillin resistant Staphylococcus aureus (MRSA). Treatment to date has included physical therapy and medication management. The physician is requesting Compression therapy pad purchase, EMS unit purchase and Vascutherm-14 day rental. On 10-15-2015, the Utilization Review noncertified the request for Compression therapy pad purchase, EMS unit purchase and Vascutherm-14 day rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compression therapy pad, 1 purchase: 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. 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 (Acute & Chronic), VenousThrombosis.

Decision rationale: The requested Compression therapy pad, 1 purchase, is not medically necessary. CA MTUS is silent on this issue. Official Disability Guidelines, Shoulder (Acute & Chronic), Venous Thrombosis, noted: "Recommend monitoring risk of perioperative thromboembolic complications in both the acute and subacute postoperative periods for possible treatment, and identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. In the shoulder, risk is lower than in the knee and depends on: (1) invasiveness of the surgery (uncomplicated shoulder arthroscopy would be low risk but arthroplasty would be higher risk); (2) the postoperative immobilization period; (3) use of central venous catheters. Upper extremity deep vein thrombosis (UEDVT) may go undetected since the problem is generally asymptomatic. The incidence of UEDVT is much less than that of the lower extremity DVT possibly because: (a) fewer, smaller valves are present in the veins of the upper extremity, (b) bedridden patients generally have less cessation of arm movements as compared to leg movements, (c) less hydrostatic pressure in the arms, (d) increased fibrinolytic activity that has been seen in the endothelium of the upper arm as compared to the lower arm." The injured worker is status post right shoulder surgery on 9-14-2015. A recent progress report dated 9-24-2015, reported the injured worker reported well controlled pain. Physical examination revealed intact incisions and shoulder abduction of almost 90 degrees. DVT prophylaxis is not guideline supported for shoulder arthroscopy and the treating physician has not documented that the injured worker would not be able to ambulate after the procedure, and the treating physician has not documented that the injured worker has high risk thrombosis factors. The criteria noted above not having been met, Compression therapy pad, 1 purchase is not medically necessary.

EMS unit , 1 purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, and Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Electrical stimulators (E-stim).

Decision rationale: The requested EMS unit, 1 purchase, is not medically necessary. CA MTUS, page 116, Chronic Pain chapter, state: "TENS, post-operative pain (transcutaneous electrical nerve stimulation) Recommended as a treatment option for acute post-operative pain in the first 30 days post-surgery. Transcutaneous electrical nerve stimulation (TENS) appears to be most effective for mild to moderate thoracotomy pain. (Solak, 2007) (Erdogan, 2005). It has been shown to be of lesser effect, or not at all for other orthopedic surgical procedures. (Breit, 2004) (Rosenquist 2003) The proposed necessity of the unit should be documented upon request. Rental would be preferred over purchase during this 30-day period." The injured

worker is status post right shoulder surgery on 9-14-2015. A recent progress report dated 9-24-2015, reported the injured worker reported well controlled pain. Physical examination revealed intact incisions and shoulder abduction of almost 90 degrees. The treating physician has not documented the medical necessity for the use of this DME beyond the 30-day post-op recommended period. The criteria noted above not having been met, EMS unit, 1 purchase is not medically necessary.

Vascutherm, 14 days rental: 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 (Acute & Chronic), Venous Thrombosis.

Decision rationale: The requested Vascutherm, 14 days rental, is not medically necessary. CA MTUS is silent on this issue. Official Disability Guidelines, Shoulder (Acute & Chronic), Venous Thrombosis, noted: "Recommend monitoring risk of perioperative thromboembolic complications in both the acute and sub-acute postoperative periods for possible treatment, and identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. In the shoulder, risk is lower than in the knee and depends on: (1) invasiveness of the surgery (uncomplicated shoulder arthroscopy would be low risk but arthroplasty would be higher risk); (2) the postoperative immobilization period; (3) use of central venous catheters. Upper extremity deep vein thrombosis (UEDVT) may go undetected since the problem is generally asymptomatic. The incidence of UEDVT is much less than that of the lower extremity DVT possibly because: (a) fewer, smaller valves are present in the veins of the upper extremity, (b) bedridden patients generally have less cessation of arm movements as compared to leg movements, (c) less hydrostatic pressure in the arms, (d) increased fibrinolytic activity that has been seen in the endothelium of the upper arm as compared to the lower arm." The injured worker is status post right shoulder surgery on 9-14-2015. A recent progress report dated 9-24-2015, reported the injured worker reported well controlled pain. Physical examination revealed intact incisions and shoulder abduction of almost 90 degrees. DVT prophylaxis is not guideline supported for shoulder arthroscopy and the treating physician has not documented that the injured worker would not be able to ambulate after the procedure, and the treating physician has not documented that the injured worker has high risk thrombosis factors. The criteria noted above not having been met, Vascutherm, 14 days rental is not medically necessary.