

Case Number:	CM15-0036509		
Date Assigned:	03/05/2015	Date of Injury:	04/24/2014
Decision Date:	04/13/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/26/2015

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: 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 66 year old female, who sustained an industrial injury on April 24, 2014. She has reported pain as a result of working as a receptionist, with right shoulder pain, neck pain, and back pain. The diagnoses have included right shoulder rotator cuff tear. Treatment to date has included physical therapy, splinting, and medication. Currently, the injured worker complains of right shoulder pain with right shoulder pain, neck pain, headaches, and some numbness and tingling noted in the right pinky finger. The Primary Treating Physician's report dated January 21, 2015, noted, the injured worker was to proceed with shoulder surgery. The Physician noted that since it had been awhile since the date of injury, it was possible scar tissue had increased, with the possibility that they may have to make a full incision versus arthroscopy. On February 12, 2015, Utilization Review non-certified Vascutherm rental for four weeks and Shoulder garment purchase. The UR Physician noted that the injured worker had been approved for arthroscopic surgery, therefore the request for Vascutherm rental for four weeks was modified with partial certification provided for up to seven days. The request for a shoulder garment was not specific, not indicating what type of shoulder garment was being requested, and additionally, it was noted that compression garments for the shoulder were not generally recommended, therefore the request for a Shoulder garment was not medically necessary. The Official Disability Guidelines (ODG) was cited. On February 26, 2015, the injured worker submitted an application for IMR for review of Vascutherm rental for four weeks and Shoulder garment purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: Vascutherm rental for 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), Continuous Flow 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, Cold compression therapy; Continuous passive motion (CPM).

Decision rationale: Regarding the request for Vascutherm rental for 4 weeks, California MTUS and ACOEM do not contain criteria related to that request. ODG states that cold compression therapy is not recommended for the shoulder as there are no published studies. ODG states that continuous passive motion machines are not recommended for shoulder rotator cuff problems, but are recommended as an option for adhesive capsulitis for up to 4 weeks/5days per week. The patient has a diagnosis of right shoulder rotator cuff tear. As such, the currently requested Vascutherm rental for 4 weeks is not medically necessary.

Shoulder garment 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), Compression Garment.

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: Regarding the request for a shoulder garment purchase, California MTUS and ACOEM do not contain criteria for this request. ODG states that compression garments are not generally recommended in the shoulder. They go on to state that deep venous thrombosis and pulmonary embolism are rare following upper extremity surgery especially shoulder arthroscopy. Mechanical or chemical prophylaxis should be administered for patients with identified coagulopathic risk factors. Within the documentation available for review, there is no indication that the patient has undergone a preoperative workup indicating that the patient is at high risk for coagulopathy. As such, the currently requested shoulder garment purchase is not medically necessary.