

<b>Case Number:</b>	CM15-0037742		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	04/12/2006
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 63 year old male, who sustained an industrial injury on April 12, 2006. The diagnoses have included displace cervical intervertebral disc and discord bursae tendons of shoulder. A progress note dated January 26, 2015 provided the injured worker complains of right shoulder pain. Physical exam notes range of motion (ROM) abduction 80 degrees and flexion of 70 degrees with extension of 30 degrees with tenderness. The plan is for arthroscopic surgery. While waiting for approval he will continue active stretching and strengthening exercises and alternating ice and heat.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vascutherm Intermittent PCD for DVT: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-to-date: Prevention of venous thromboembolic disease in medical patients.

**Decision rationale:** This injured worker has chronic pain with an injury sustained in 2006. During the acute to subacute phases of surgery for a period of 2 weeks or less, physicians can use passive modalities such as application of heat and cold for temporary amelioration of symptoms and to facilitate mobilization and graded exercise. In this case, there is no documentation of inflammation or spasm on exam to justify a Vascutherm intermittent PCD for DVT. His arthroscopic surgery has been denied and also, it is not clear why the application of ice packs cannot be used instead of a Vascutherm unit. The medical necessity for a Vascutherm Intermittent PCD for DVT is not substantiated by the records.