

Case Number:	CM15-0038998		
Date Assigned:	03/09/2015	Date of Injury:	08/26/2014
Decision Date:	04/14/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/02/2015

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: California, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 37 year old man sustained an industrial injury on 8/26/2014 to the right shoulder; however, the mechanism of injury is not detailed. Current diagnoses include type 2 SLAP tear of the right shoulder, right shoulder calcific deposits involving the supraspinatus tendon, and impingement with bursitis of the right shoulder. Treatment has included oral medications, rest, and ice. Treating physician notes dated 12/16/2014, show continued complaints of stiffness, achiness, and pain to the right shoulder, with audible clicking and popping with overhead activity. Recommendations included right shoulder arthroscopy, pre-operative medical clearance, Norco, and ibuprofen. The operative report from 1/9/2015 states that the injured worker had arthroscopy with subacromial decompression, acromioplasty decompression, arthroscopic distal clavicle resection with intra-articular debridement of biceps/labral complex fraying SLAP lesion type II, with arthroscopic glenohumeral synovectomy and debridement. A request for authorization was submitted on 1/6/2015 for accessory services including VascuTherm cold compression, compression therapy wrap, shoulder continuous passive motion, and a sheepskin pad. Utilization Review on 2/20/2015, conducted a retrospective review of the requested treatments, and recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm cold compression 14 day rental: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Shoulder Procedure Summary.

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) Cold compression therapy Continuous-flow cryotherapy.

Decision rationale: Per the Official Disability Guidelines (ODG), cold compression therapy is not recommended in the shoulder, as there are no published studies. The ODG also states that continuous-flow cryotherapy is recommended as an option after surgery, and that postoperative use generally may be up to 7 days, to include home use. Postoperatively, continuous-flow cryotherapy has been proven to decrease pain, inflammation, swelling, and narcotic usage. In the case of this injured worker, continuous-flow cryotherapy may be beneficial, but compression therapy is not recommended per the guidelines. In addition, the request for 14 days is longer than the 7 day ODG recommendation. Therefore, the requested VascuTherm cold compression 14 day rental is not medically necessary.

Compression therapy wrap purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Shoulder Procedure Summary.

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), Compression garments, Cold compression therapy.

Decision rationale: Per the Official Disability Guidelines (ODG), compression therapy is not generally recommended in the shoulder, since deep venous thrombosis and pulmonary embolism events are rare complications following upper-extremity surgery, especially shoulder arthroscopy. In addition, cold compression therapy is not recommended in the shoulder per the ODG. The limited medical documentation available does not list any prior medical history of clotting disorders, or deep vein thrombosis, in the injured worker. Therefore, the request for a compression therapy wrap purchase is not medically necessary and appropriate.

Shoulder CPM 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)-TWC shoulder procedure Summary.

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), Continuous passive motion (CPM).

Decision rationale: Regarding shoulder continuous passive motion (CPM), the MTUS is silent. However, the Official Disability Guidelines (ODG) state that CPM for shoulder rotator cuff problems is not recommended, but it is as an option for adhesive capsulitis. The medical records available for the injured worker indicate he underwent shoulder arthroscopy with associated procedures, but there is no mention of adhesive capsulitis. Therefore, per the ODG, the request for shoulder continuous passive motion 14 days rental is not medically necessary and appropriate.

Sheepskin pad 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) - TWC shoulder procedure summary.

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), Continuous passive motion (CPM).

Decision rationale: Regarding shoulder continuous passive motion (CPM), the MTUS is silent. However, the Official Disability Guidelines (ODG) state that CPM for shoulder rotator cuff problems is not recommended, but it is as an option for adhesive capsulitis. The medical records available for the injured worker indicate he underwent shoulder arthroscopy with associated procedures, but there is no mention of adhesive capsulitis. Based on the lack of medical necessity for shoulder CPM, the requested sheepskin pad purchase is therefore not medically necessary.