

Case Number:	CM15-0042879		
Date Assigned:	03/13/2015	Date of Injury:	11/12/1997
Decision Date:	05/08/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/06/2015

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: Arizona, California, Florida
 Certification(s)/Specialty: 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:

The injured worker is a 67-year-old male who reported an injury on 11/12/1997. The mechanism of injury was not stated. The injured worker is currently diagnosed with right shoulder partial rotator cuff tear and osteoarthritis of the shoulder. A Request for Authorization form was submitted on 01/28/2015 for a VascuTherm rental for 28 days. The physician progress report submitted on 01/28/2015 indicated the patient was scheduled for surgery to address a right shoulder partial rotator cuff tear. The date of surgery was documented as 02/02/2015. A vasopneumatic compression device was recommended for a length of 28 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm 2 Unit Rental (Days) Qty 28: 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).

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.

Decision rationale: The Official Disability Guidelines recommend monitoring the 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 to provide prophylactic measures such as consideration for anticoagulation therapy. The incidence of upper extremity DVT is much less than that of a lower extremity. It is recommended to treat patients of asymptomatic mild upper extremity DVT with anticoagulation alone and patients of severe upper extremity DVT with a motorized mechanical device in conjunction with pharmacological thrombolysis. In this case, there is no indication that this injured worker would be at high risk of developing an upper extremity DVT following the surgical procedure. There was also no mention of a contraindication to oral anticoagulation therapy as opposed to a motorized mechanical device. Given the above, the request is not medically necessary at this time.