

Case Number:	CM15-0044291		
Date Assigned:	03/16/2015	Date of Injury:	03/21/2012
Decision Date:	04/17/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	03/09/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 43 year old female, who sustained an industrial injury on 3/21/2012. She reported injury while washing lenses in a finishing area. The injured worker was diagnosed as having right shoulder impingement syndrome, right elbow recalcitrant epicondylitis, left shoulder rotator cuff tendinitis, left lateral epicondylitis resolved and anxiety/depression. Treatment to date has included medication management. Currently, a progress note from the treating provider dated 1/13/2015 indicates the injured worker reported moderate to severe right shoulder pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

21 day rental of Vascutherm 4 with DVT cold compression for right shoulder: 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, 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 section, DVT, Continuous cryotherapy cold unit.

Decision rationale: Pursuant to the Official Disability Guidelines, 21-day rental vascultherm #4 with DVT cold compression right shoulder is not medically necessary. Compression garments are not generally recommended in the shoulder. DVT and pulmonary embolism events are common complications following lower extremity orthopedic surgery or are rare following upper extremity surgery, especially shoulder arthroscopy. The guidelines recommend monitoring high risk of developing venous thrombosis. In the shoulder, risk is lower than in the knee and depends upon the invasiveness of the surgery, the postoperative immobilization and the use of central venous catheters. Continuous flow cryotherapy is recommended as an option after surgery. Postoperative use may be up to seven days, including home use. DVT is very rare after arthroscopy of the shoulder. In this case, the injured worker's working diagnoses are right shoulder impingement syndrome; right elbow recalcitrant lateral epicondylitis; left shoulder rotator cuff tendinitis secondary to overuse; left elbow lateral epicondylitis result; and anxiety and depression. The treating physician is awaiting authorization for right shoulder arthroscopy, subacromial decompression, AC joint resection because the injured worker failed conservative treatment. The progress note dated January 13, 2015 did not contain a clinical entry or documentation regarding a 21-day rental vascultherm #4 with DVT cold compression right shoulder. Continuous flow cryotherapy is recommended as an option after surgery. Postoperative use may be up to seven days. The treating physician requested 21 days. Additionally, DVT is very rare after arthroscopy of the shoulder. Consequently, absent clinical documentation with a clinical indication/rationale for the 21-day rental vascultherm #4 with DVT cold compression right shoulder, a request for 21 days with guideline recommendations of seven days and risk of DVT to the shoulder being very rare, 21-day rental vascultherm #4 with DVT cold compression right shoulder is not medically necessary.