

Case Number:	CM14-0125795		
Date Assigned:	08/13/2014	Date of Injury:	10/08/2013
Decision Date:	10/21/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	08/08/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 51 year old female who sustained work-related injuries on October 8, 2013. She was lifting A-frames and days later, she was lifting bulkhead parts when she began to experience more pain. Based on her January 10, 2014 records, she returned to her provider for a follow-up regarding her bilateral shoulders. She reported that she still has two more sessions, but continued with decreased left range of motion. She reported that her right arm was sore. She felt it was being overused, since the left arm and shoulder were limited. The left shoulder examination noted tenderness over the acromioclavicular joint, the head of the biceps and deltoid. Her shoulder range of motion was limited and painful in all planes. The empty can's test and Hawkin's test were positive. She underwent a magnetic resonance imaging scan of the left shoulder on February 2, 2014 and the results revealed moderate tendinosis and subacromial bursitis. On February 6, 2014, she was assigned to a new provider. She complained of bilateral shoulder pain, which was worse on the left than right. There was weakness in the left arm and her pain was constant. She cannot sleep on her left shoulder. The pain was made worse by pushing, pulling and lifting. She rated her pain as 4/10. The left shoulder examination noted limited range of motion. The impingement sign was positive. Tenderness was noted in the anterior glenohumeral joint line as well as over the leading edge of the acromion. Weakness rated 4/5 was noted to resisted flexion and abduction. Subacromial crepitus was also noted. A painful arc was noted from 80 to 130 degrees of flexion. Notes from March 24, 2014 documented that the injured worker has started undergoing physical therapy for strengthening. Per the medical records dated July 7, 2014, the injured worker was noted to undergo left shoulder arthroscopy. It is noted that she will not be able to engage in active range of motion for fear of disrupting the repair and in order to prevent development of adhesive capsulitis (frozen shoulder). She was prescribed with a continuous passive motion machine so she may passively

move her shoulder and not develop a contracted shoulder. She is diagnosed with left shoulder impingement syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm 4 x14 days: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Venous Thrombosis

Decision rationale: According to evidence-based guidelines, although there are reported deep vein thrombosis occurrences secondary to shoulder surgery, the risk are lower compared to lower extremities. However, it depends on the invasiveness of the surgery, post-operative immobilization period, and use of central venous catheters. Prophylactic treatment such as consideration of anticoagulation therapy is recommended if the injured worker is considered as a high risk patient. In this case, the injured worker is noted to be undergoing left shoulder arthroscopy with rotator cuff repair. However, there was no mention that consideration of anticoagulant therapy will be utilized. Also, there is no indication that the injured is at risk for deep vein thrombosis through the utilization of assessment tools (e.g. thrombosis risk factor assessment) which is a requisite prior to the usage of VascuTherm 4 unit. Therefore, the medical necessity of the requested VascuTherm 4 unit x 14 days is not established.