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| Case Number: | CM14-0144895 | | |
| Date Assigned: | 09/12/2014 | Date of Injury: | 10/28/2011 |
| Decision Date: | 11/24/2014 | UR Denial Date: | 08/26/2014 |
| Priority: | Standard | Application Received: | 09/08/2014 |

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for shoulder pain reportedly associated with an industrial injury of October 28, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; and earlier shoulder surgery. In a Utilization Review Report dated August 26, 2014, the claims administrator modified request for a VascuTherm cold compression 14-day rental with associated compression pad purchase to a 7-day rental of cryotherapy unit. In preoperative clearance report dated August 12, 2014, it was noted that the applicant was planning to undergo further shoulder surgery for shoulder pain. The applicant was given ancillary diagnoses of dyslipidemia and asthma. The applicant's medication list at this point included Motrin, Norco, Xanax, and Zoloft. There was no mention of the applicant's having had any issues with prior DVT. In a progress note dated May 15, 2014, it was stated that the applicant had persistent shoulder pain status post earlier shoulder surgery in 2013. It was suggested that the applicant undergo further shoulder surgery. The applicant was placed off of work, on total temporary disability, in the interim.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm cold compression for a 14 day rental with compression therapy 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) Shoulder Chapter, Continuous-flow cryotherapy

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, Continuous-Flow Cryotherapy topic and other Medical Treatment Guideline or Medical Evidence: Product description and Deep Venous Thromboembolism after Arthroscopy of the Shoulder: Two case reports and a review of the literature, Garofalo et al.

Decision rationale: The MTUS does not address the topic. Per the product description, the VascuTherm device represents a form of thermal compression therapy and DVT prophylaxis. The applicant was seemingly planning to undergo shoulder surgery on or around the date of the request. The request, thus, represents a request for postoperative cryotherapy and DVT prophylaxis. As noted in the review article entitled deep venous thromboembolism after arthroscopy of the shoulder, DVT has an incidence of 1 case per 1000 in the general population and is "very rare" after arthroscopy of the shoulder. Current guidelines do not advise the routine administration of DVT prophylaxis in shoulder arthroscopy procedures. In this case, the applicant had no risk factors for development of a DVT. The applicant had no prior history of prior DVT. The applicant did not have a family history of DVTs or personal history of blood dyscrasias. The DVT compression therapy portion of the request, thus, cannot be supported. Similarly, the 14-day rental request represents treatment in excess of the seven-day course recommended in ODG's Shoulder Chapter, Continuous-Flow Cryotherapy topic for postoperative usage of the same. The request, thus, cannot be endorsed as written. Therefore, the request of VascuTherm cold compression device for 14-day rental with compression therapy pad purchase is not medically necessary and appropriate.