

Case Number:	CM14-0148086		
Date Assigned:	09/18/2014	Date of Injury:	05/29/2013
Decision Date:	10/29/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/11/2014

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 Family Practice, 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:

57 yr. old male claimant sustained a work injury on 5/29/13 involving the shoulder. He was diagnosed with adhesive capsulitis. He had used analgesics and undergone exercise therapy to improve symptoms of pain and range of motion. He underwent left shoulder arthroscopy on 6/24/14. The claimant was requested to use a pneumatic compression garment post-operatively for DVT prophylaxis. A progress note on 7/1/14 indicated he had good wound healing and a painful arc and internal rotation contracture. The physician recommended use of Vascutherm cold therapy 3-4 times daily to aid in post-operative rehabilitation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for vascutherm, 30 day 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), Cold Compression Therapy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212.

Decision rationale: According to the AOCCEM guidelines, cold pack are used as an option to aid in exercises. They are recommended according to the ODG guidelines, to reduce edema. In this

case, there was no indication for a need to manage post-operative edema for a month. There is limited evidence on the use of vascutherm and post-operative need for 30 days in shoulder surgeries. The request above is not medically necessary.

Retrospective request for segmental pneumatic appliance for use with pneumatic compressor, full arm, 30 day 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), 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) DVG prophylaxis

Decision rationale: According to the guidelines, DVT risk in shoulder surgery is lower than the knee. DV prophylaxis is not recommended during or after surgery (1/1000). In addition, there was no indication of prolonged edema requiring a month of pneumatic compression. The request above is not medically necessary.