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| Case Number: | CM14-0181997 | | |
| Date Assigned: | 11/06/2014 | Date of Injury: | 07/20/2012 |
| Decision Date: | 12/17/2014 | UR Denial Date: | 10/21/2014 |
| Priority: | Standard | Application Received: | 11/03/2014 |

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 and environmental medicine, has a subspecialty in public health and is licensed to practice in West Virginia and Ohio. 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:

This individual is a 54 year old male who sustained an industrially related injury to his right shoulder on July 20th 2012. He is status post right shoulder arthroscopy with sub acromial decompression and rotator cuff repair (10/29/14). The available medical record includes no post-surgical physical examination. The pre-surgical examinations note decreased range of right shoulder motion with a positive impingement test and tenderness to palpation. Prior to surgery this individual had ongoing complaints of persistent shoulder pain x 2 years. He has received extensive physical therapy and home exercise with only limited improvement. This request is for the post-surgical use of a vascutherm 4 cold compression unit and vascular shoulder wraps.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm 4 unit, rental per day #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder, cold compression therapy

Decision rationale: MTUS does not specifically address cold compression units, therefore the Official Disability Guidelines (ODG) were referenced. ODG states that cold compression units are "Not recommended in the shoulder, as there are no published studies. It may be an option for other body parts." Based on the cited reference, there is lack of objective evidence in support of this therapy, further there is no specific indication mentioned in the available record to suggest its' necessity, as such the request for a vasotherm 4 rental (cold compression) unit is deemed not medically necessary.

Shoulder vascular wrap purchase for right shoulder: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: ODG states shoulder compression wraps are "Not generally recommended in the shoulder. Deep venous thrombosis and pulmonary embolism events are common complications following lower-extremity orthopedic surgery, but they are rare following upper-extremity surgery, especially shoulder arthroscopy.....Available evidence suggests a low incidence, but the final decision to consider thromboprophylaxis rests with the operating surgeon. (Madhusudhan, 2013). The cited reference notes the very low incidence of thrombosis/embolism associated with shoulder surgery generally makes compression wraps unnecessary. However, the reference clearly states that the treating surgeon will make the final decision regarding prophylaxis. As such I am reversing the prior decision and find the request for a right shoulder vascular wrap is deemed medically necessary.