

Case Number:	CM13-0020364		
Date Assigned:	11/08/2013	Date of Injury:	12/22/2009
Decision Date:	01/05/2015	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/04/2013

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 Orthopedic Surgery 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 patient is a 73-year-old male who has submitted a claim for left shoulder osteoarthritis associated with an industrial injury date of 12/22/2009. The medical records from 2009 to 2013 were reviewed. The patient complained of persistent left shoulder pain. Physical examination of the left shoulder showed limited motion and weakness. Neurovascular status was intact. The left shoulder CT scan from 5/30/2013 showed deformity of humeral head with moderate changes to the glenoid labrum. Treatment to date has included left shoulder surgery on 12/22/2009, physical therapy and medications. The utilization review from 8/23/2013 modified the request for Vascutherm intermittent pneumatic compression device for deep vein thrombosis-30 day rental to meet guideline recommendation; and denied shoulder wrap cold therapy unit because of no clear indication for its use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm Intermittent Pneumatic Compression Device for Deep Vein Thrombosis-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), Shoulder chapter.

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, Compression garments; Continuous-Flow Cryotherapy; Game ready; Specialized Orthopedic Solutions, VascuTherm.

Decision rationale: An online search shows that VascuTherm provides heat, cold, compression, and deep venous thrombosis (DVT) prophylaxis therapy. It is indicated for pain, edema, and DVT prophylaxis for the post-operative orthopedic patient. CA MTUS does not specifically address VascuTherm DVT prophylaxis. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG recommends the use of compression garments; however, there is little known about dosimetry in compression, for how long and at what level compression should be applied. Also, continuous flow cryotherapy is recommended as an option after surgery up to 7 days. In this case, the patient is to undergo left total shoulder arthroplasty hence the request for Vascutherm compression device. However, there was no documentation that the patient will have limited mobility for a prolonged period to necessitate DVT prophylaxis combined with heat and cold therapy. The medical records also do not identify the patient as being high risk for DVT. Also, the requested duration exceeds guideline recommendations of 7 days. Therefore, the request for Vascutherm Intermittent Pneumatic Compression Device for Deep Vein Thrombosis-30 day rental is not medically necessary.

Shoulder Wrap Cold Therapy Unit: 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.

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, Continuous Cold Therapy; Aetna Clinical Policy Bulletin: Cryoanalgesia and Therapeutic Cold.

Decision rationale: CA MTUS does not specifically address cold therapy units. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Aetna Clinical Policy Bulletin was used instead. Aetna considers the use of hot/ice machines and similar devices experimental and investigational for reducing pain and swelling after surgery or injury. Studies failed to show that these devices offer any benefit over standard cryotherapy with ice bags/packs. In addition, Official Disability Guidelines (ODG) states that continuous cold therapy is recommended as an option only in the postoperative setting, with regular assessment to avoid frostbite. Postoperative use generally should be no more than 7 days, including home use. In this case, the patient is to undergo left total shoulder arthroplasty hence the request for cold therapy unit. However, there is no discussion regarding the indication for a cold therapy unit despite it being experimental and investigational. Furthermore, it is unclear why regular ice bags/packs will not suffice. Moreover, guidelines only recommend use of cold therapy unit for up to 7 days. The request as submitted failed to specify

intended duration of use. Therefore, the request for Shoulder Wrap Cold Therapy Unit is not medically necessary.