

Case Number:	CM14-0210041		
Date Assigned:	12/23/2014	Date of Injury:	09/17/2012
Decision Date:	02/27/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 chronic shoulder pain reportedly associated with an industrial injury of September 17, 2012. In a Utilization Review Report dated December 2, 2014, the claims administrator denied a request for a VascuTherm cold compression device/DVT prophylaxis device. The claims administrator referenced an RFA form dated October 10, 2014 and progress note of September 16, 2014 in its determination. The applicant's attorney subsequently appealed. On September 16, 2014, the applicant reported ongoing complaints of shoulder pain. The applicant was status post earlier right shoulder revision arthroscopy of September 9, 2014. The applicant's wounds were healing well. 5/5 strength was appreciated. The applicant was asked to employ naproxen for pain relief. The applicant was asked to continue usage of the cold therapy device/DVT compression device, pursue physical therapy, and remain off of work, on total temporary disability. In an RFA form dated October 10, 2014, the attending provider suggested that the applicant pursue continued usage of the DVT compression device.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm for cold compression additional 30 days 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder Chapter, Continuous-flow Cryotherapy; Deep Venous Thromboembolism After Arthroscopy of the Shoulder: Two case reports and review of the literature, Garofalo et al.

Decision rationale: The MTUS does not address the topic of postoperative cryotherapy or DVT prophylaxis following shoulder surgery. In a review article entitled deep venous thromboembolism after arthroscopy of the shoulder, the authors conclude that current guidelines do not advise the routine administration of DVT prophylaxis following shoulder arthroscopy, citing a very rare incidence of DVT following shoulder surgery. Similarly, ODG's Shoulder Chapter Continuous-flow Cryotherapy suggests reserving continuous-flow cryotherapy/compression for up to seven days of postoperative use, citing potential complications of continuous-flow cryotherapy beyond seven days, such as frostbite. The request for an additional 30-day rental of the DVT prophylaxis device/cold compression device, thus, is at odds with both set of guidelines, referenced above. The attending provider did not furnish any compelling applicant-specific rationale which would offset the unfavorable guideline positions on the article at issue. It is further note that the fact that the applicant was described as doing well on a postoperative visit of September 16, 2014 implies that further DVT prophylaxis was not needed beyond that time as, by all accounts, the applicant appeared to be ambulatory as of that date. Therefore, the request was not medically necessary.