

Case Number:	CM14-0216820		
Date Assigned:	01/06/2015	Date of Injury:	03/23/2007
Decision Date:	03/05/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/26/2014

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: California

Certification(s)/Specialty: Orthopedic Surgery, Sports 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 injured worker is a 67-year-old female who reported an injury on 03/23/2007. The mechanism of injury was the injured worker slipped and tried to grab onto a handrail. The medications were not provided. The prior surgical interventions included a rotator cuff surgery. The injured worker had previously undergone a left shoulder rotator cuff repair, subacromial decompression, and AC joint resection. The injured worker underwent a right shoulder MRI on 08/17/2014, which revealed a partial supraspinatus tear, infraspinatus tendinosis, effusion, and AC joint osteoarthritis. The documentation of 03/21/2014 revealed the injured worker had significant pain in the left shoulder without improvement. Examination of the right shoulder revealed a positive Neer's and Hawkins. The examination of the left shoulder revealed resisted abduction strength was 4/5 and external rotation was 4/5. The range of motion of the left shoulder was abduction 90 degrees, forward flexion 90 degrees, internal rotation PSIS region, and external rotation 20 degrees. The diagnosis included frozen left shoulder. The treatment plan included an extension of the left shoulder surgery. There was a Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm 4/w DVT Cold Compression 21 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)- Treatment for Worker's Compensation, Online Edition, 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, Continuous Flow Cryotherapy, Venous Thrombosis.

Decision rationale: The Official Disability Guidelines indicate that continuous flow cryotherapy is recommended for up to 7 days postoperatively. Additionally, the guidelines recommend that injured workers should be assessed for venous thrombosis. The clinical documentation submitted for review failed to indicate the injured worker was found to be at risk for deep venous thrombosis. There was a lack of documentation indicating a necessity for a combination unit. This request would not be supported and the request as submitted failed to indicate the body part to be treated. Given the above, the request for Vascutherm 4/w DVT cold compression 21 day rental is not medically necessary.