

<b>Case Number:</b>	CM15-0015826		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	02/26/2014
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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: Physical Medicine & Rehabilitation

### 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 51 year old female who sustained an industrial injury on February 26, 2014. She has reported right shoulder and arm pain and has been diagnosed with sprain right shoulder/arm, right epicondylitis medial, right rotator cuff impingement syndrome, and right shoulder tendonitis. Treatment has included medications and physical therapy. Currently the injured worker complains of pain to the right shoulder and headache. The treatment plan included medication, physical therapy, and surgery. On January 16, 2015 Utilization Review non certified vascutherm cold and heat compression therapy x 30 days citing the Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vascutherm Cold and Heat compression therapy x 30 days: 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, Continuous-flow cryotherapy

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee chapter: DVT Prophylaxis

**Decision rationale:** According to the 12/02/2014 report, this patient presents with "right shoulder pain and arm pain." The current request is for vascultherm cold and heat compression therapy x 30 days. The patient's work status is "return to work on modified duty as of 12/02/2014." The Utilization Review denial letter states "it was not noted that this patient had a recent surgery or projected surgery, in the absence of documentation noting that this patient had surgery, and as the device is not to be used for more than 7 days, the request is not supported."The MTUS and ACOEM Guidelines do not address DVT Prophylaxis unit; however, ODG Guidelines do address DVT Prophylaxis unit. ODG state "Current evidence suggests it is needed for inpatients undergoing many orthopedic-, general-, and cancer-surgery procedures and should be given for at least seven to 10 days. In addition, prolonged prophylaxis for four to five weeks also shows a net clinical benefit in high-risk patients and procedures."Review of the provided reports show no discussion of the patient is a high risk patient of DVT or the patient is undergoing a high risk procedure to warrant a 30 day use of the unit. In this case, the requested 30 day rental of the DVT Prophylaxis unit is not supported by the ODG guidelines. The request IS NOT medically necessary.