

Case Number:	CM15-0121446		
Date Assigned:	07/02/2015	Date of Injury:	09/22/2014
Decision Date:	07/31/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	06/24/2015

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: Family Practice

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 54 year old male sustained an industrial injury to the left shoulder on 9/22/14. Previous treatment included physical therapy, activity modification and medications. Magnetic resonance imaging cervical spine (10/23/14) showed degenerative changes with neural foraminal stenosis and mild disc desiccation. Magnetic resonance imaging left shoulder (5/20/15) revealed a full-thickness rotator cuff tear with anterior labral tearing. In a request for authorization dated 6/1/15, the injured worker complained of grinding in the left shoulder, inability to sleep on his left shoulder, difficulty reaching into overhead cabinets and washing his hair. Physical exam was remarkable for palpable subacromial crepitus, tenderness at the leading edge of the acromion, 4/5 weakness to resisted abduction, painful range of motion and positive impingement, O'Brien's and Hawkin's tests. Current diagnoses included left shoulder rotator cuff tear with labral tearing. The injured worker declined a cortisone injection. The treatment plan included requesting authorization for left shoulder rotator cuff repair with associated surgical services including postoperative cold therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rental of post-operative VascuTherm 4 with pneumatic compression device for 14 days for the left shoulder: 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- Compression garments, Venous Thrombosis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Shoulder Sections: Venous Thrombosis and Compression Garments.

Decision rationale: The Official Disability Guidelines comment on the use of measures to address venous thrombosis after shoulder surgery and the use of compression garments. These guidelines state that the incidence of upper extremity DVT is much less than that of the lower extremity DVT possibly because: (a) fewer, smaller valves are present in the veins of the upper extremity, (b) bedridden patients generally have less cessation of arm movements as compared to leg movements, (c) less hydrostatic pressure in the arms, and (d) increased fibrinolytic activity that has been seen in the endothelium of the upper arm as compared to the lower arm. Compression garments are not generally recommended in the shoulder. Deep venous thrombosis and pulmonary embolism events are rare following upper-extremity surgery, especially shoulder arthroscopy. It is still recommended to perform a thorough preoperative workup to uncover possible risk factors for deep venous thrombosis/ pulmonary embolism despite the rare occurrence of developing a pulmonary embolism following shoulder surgery. Mechanical or chemical prophylaxis should be administered for patients with identified coagulopathic risk factors. In this case, there is no evidence that the patient has a significant risk factor for a deep venous thrombosis/pulmonary embolism. The medical records do not suggest any prior problems with DVT or PE. Further, there is no evidence of other risk factors including any form of coagulopathy. For this reason, the rental of a post-operative VascuTherm 4 with pneumatic compression device for 14 days for the left shoulder is not considered as a medically necessary treatment.