

Case Number:	CM15-0122611		
Date Assigned:	07/13/2015	Date of Injury:	06/09/2008
Decision Date:	08/06/2015	UR Denial Date:	06/16/2015
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, Indiana, Oregon
 Certification(s)/Specialty: Orthopedic Surgery

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 59 year old male who sustained an industrial injury on 06/09/2008. The injured worker was diagnosed with right shoulder chronic rotator cuff tendon tear and glenohumeral joint arthritis. The injured worker has a medical history of hypertension, osteoarthritis and gastroesophageal reflux disorder (GERD). The injured worker is status post right shoulder cuff repairs in 2003 and 2004. Treatment to date has included right shoulder magnetic resonance imaging (MRI) on February 5, 2015, shoulder steroid injections and medications. According to the primary treating physician's progress report on May 27, 2015, the injured worker continues to experience increasing right shoulder pain. Examination of the right shoulder demonstrated marked atrophy with crepitus in the glenohumeral joint. Range of motion was documented at forward elevation at 115 degrees, external rotation at 20 degrees and profound weakness in abduction associated with crepitus and pain. Motor strength is noted at 5/5 on internal rotation and external rotation at 4-/5. Current medications are listed as Dexilant, Oxycodone and anti-inflammatories. Treatment plan consists of the authorization and surgical intervention of a right shoulder hemiarthroplasty with pre-operative clearance, post-operative physical therapy and the current request for VascuTherm rental times 14 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Vascultherm x 14 day rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.aetna.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder.

Decision rationale: CA MTUS/ACOEM is silent on the issue of continuous flow cryotherapy or deep vein thrombosis prophylaxis for shoulder surgery. ODG Shoulder is silent on the issue of DVT prophylaxis. According to the ODG, knee and leg section, venous thrombosis, "Recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy". In this case the exam notes from 5/27/15 do not justify objective evidence to support a need for DVT prophylaxis. Therefore the request for VascuTherm is not medically necessary or appropriate.