

Case Number:	CM15-0075838		
Date Assigned:	04/27/2015	Date of Injury:	03/28/2005
Decision Date:	05/27/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/21/2015

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: Texas, Illinois

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 injured worker is a 45 year old female, who sustained an industrial injury on 3/28/2005. The injured worker was diagnosed as having left shoulder osteoarthritis and left shoulder biceps tendinitis. Treatment to date has included conservative measures and surgical intervention. Three prior surgeries were noted on the right side, including a total shoulder. All problems were documented as stemming from repetitive use of the upper extremities. Currently, the injured worker failed conservative management of her left shoulder pain. On 4/07/2015, she underwent left total shoulder arthroplasty on 4/07/2015. Post-operative treatment recommendations included a Vascutherm 4 Cold and Compression unit (rental 30 days) for the left shoulder. Also, the Official Disability Guidelines does not recommend the use postoperative continuous cold unit for more than 7 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thirty day rental of vascutherm 4 cold and compression unit 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), Continuous Cold Therapy and Venous Thrombosis Chapters.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1. Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) Venous thrombosis 2. Shoulder (Acute & Chronic) Continuous-flow cryotherapy.

Decision rationale: The injured worker sustained a work related injury on 3/28/2005. The medical records provided indicate the diagnosis of left shoulder osteoarthritis and left shoulder biceps tendinitis. Treatment to date has included conservative measures and surgical intervention. The medical records provided for review do not indicate a medical necessity for Thirty day rental of vacutherm 4 cold and compression unit for the left shoulder. Vacutherm 4 is a device that combines cold therapy with DVT prophylaxis. The MTUS is silent on DVT prophylaxis; but the Official Disability Guidelines notes that the risk of DVT related to the upper limb is low; therefore this guidelines recommends treating patients of asymptomatic mild Upper Extremity Deep Vein Thrombosis with anticoagulation alone and patients of severe or extensive Upper Extremity Deep Vein Thrombosis with motorized mechanical devices in conjunction with pharmacological thrombolysis, without delay beyond 10-14 days. Therefore, mechanical DVT device is not medically necessary in this individual who is status left shoulder arthroplasty.