

Case Number:	CM15-0077628		
Date Assigned:	04/29/2015	Date of Injury:	09/09/2012
Decision Date:	05/28/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	04/23/2015

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, New York, California
 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 applicant is a represented 26-year-old who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of September 9, 2012. In a Utilization Review report dated April 20, 2015, the claims administrator failed to approve a request for VascuTherm device with an associated continuous cooling-continuous heating unit. The request was framed as a postoperative request following earlier shoulder surgery of March 19, 2015. A RFA form dated April 5, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. On March 19, 2015, the applicant underwent a rotator cuff repair surgery, acromioplasty, bursectomy, and debridement to ameliorate preoperative diagnosis of rotator cuff tear, labral disruption, bursal inflammation, and impingement syndrome. The applicant was given Norco and Keflex, it was incidentally noted at the bottom of the report. In a work status report dated March 27, 2015, the applicant was placed off of work, on total temporary disability. In a RFA form dated April 7, 2015, postoperative physical therapy was proposed, along with a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vasc Therm Hot/Cold Intermittent Compression (30 on 30 off days): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Integrated Treatment/ Disability Duration Guidelines Shoulder Disorders Continuous-flow cryotherapy, Venous thrombosis.

Decision rationale: No, the request for a VascuTherm device-cold compression device-30-day rental was medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, ODG's Shoulder Chapter Continuous-flow Cryotherapy topic notes that continuous-flow cryotherapy should be limited to postoperative use for up to seven days. The request for 30 days of continuous-flow cryotherapy/intermittent cold compression, thus, runs counter to ODG principles and parameters. ODG further notes that deep venous thrombosis has incidence of 1 case per 1000 and is "very rare" after arthroscopy of the shoulder. ODG goes on to note that the administration of DVT prophylaxis is "not generally recommended" in applicants undergoing shoulder arthroscopy procedures. Here, the applicant had undergone an uncomplicated shoulder arthroscopy procedure. There was no mention of the applicant's having individual risk factors for development of DVT. There was no mention of the applicant's having issues with prolonged or protracted immobility postoperatively following what appeared to have been a relatively uncomplicated upper extremity procedure. Therefore, the request was not medically necessary.