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| Case Number: | CM15-0091864 | | |
| Date Assigned: | 05/18/2015 | Date of Injury: | 03/03/2014 |
| Decision Date: | 06/22/2015 | UR Denial Date: | 04/07/2015 |
| Priority: | Standard | Application Received: | 05/12/2015 |

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 62-year-old who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of March 3, 2014. In a Utilization Review report dated April 7, 2015, the claims administrator denied a cold compression device for the shoulder. An RFA form received on March 31, 2015 was referenced in the determination. The complete text of the UR report was not, however, seemingly attached to the application. The applicant's attorney subsequently appealed. On December 10, 2014, the applicant was placed off of work, on total temporary disability. The text of the UR report was seemingly available in another section of the IMR packet, although did not attach the application. The claims administrator seemingly contended that the applicant had undergone a shoulder arthroscopy procedure on April 1, 2015. The text of the operative report, however, did not appear to have been incorporated into the IMR packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm Cold unit & Compression unit, 30 day rental, for Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-328. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder chapter - Cold compression therapy.

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, Venous thrombosis, Continuous-flow cryotherapy.

Decision rationale: No, the request for a VascuTherm cold compression device 30-day for the left shoulder is not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of DVT prophylaxis following shoulder surgery and/or continuous cooling devices following shoulder surgery. However, ODG's Shoulder Chapter Venous Thrombosis topic notes that the administration of DVT prophylaxis is "not generally recommended" in shoulder arthroscopy procedures, as seemingly transpired here. ODG likewise notes in its Shoulder Chapter Continuous-flow Cryotherapy topic that continuous-flow cryotherapy should be limited to seven days of postoperative use. The request, thus, as written, is at odds with ODG principles and parameters. The attending provider did not outline any compelling applicant-specific factors which would have compelled provision of the combination DVT prophylaxis device-cold compression VascuTherm device here. There was no mention of the applicant having developed an earlier DVT. There was no mention of the applicant's having personal or familial history of blood dyscrasias. Similarly, the attending provider likewise did not state why the continuous cooling device was sought for 30 days of postoperative use as opposed to seven days suggested by ODG. Again, the text of the operative report was not seemingly incorporated into the IMR packet. The information on file, however, failed to support or substantiates the request. Therefore, the request is not medically necessary.