

Case Number:	CM15-0098418		
Date Assigned:	05/29/2015	Date of Injury:	10/21/2014
Decision Date:	07/13/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/21/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 (IW) is a 45 year old male who sustained an industrial injury on 10/21/2014. He reported pain in the right shoulder. The injured worker was diagnosed as having right shoulder supraspinatus tendinitis with partial rotator cuff tear, chronic impingement bursitis, labral tear, right shoulder, with glenohumeral synovitis and acromioclavicular arthritis and synovitis, right shoulder. Treatment to date has included diagnostic operative arthroscopy (04/17/2015) of the right shoulder with arthroscopic subacromial decompression/acromioplasty, resection of coracoacromial ligament with subacromial and subdeltoid extensive extra-articular bursectomy with glenohumeral synovectomy, debridement of partial tear of the biceps tendon, arthroscopic debridement of anterior and superior labral tearing and debridement of partial rotator cuff tear followed by arthroscopic distal clavicle resection/Mumford procedure, right shoulder. Currently, the injured worker is immediately post-operative arthroscopic surgery of the right shoulder. The following items are requested for the immediate post-operative period and the first 14 days thereafter: Vascutherm cold compression rental, 14 days, for the right shoulder; Compression therapy wrap purchase for the right shoulder; Sheepskin pad purchase for the right shoulder; and Shoulder CPM rental 14 days for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm cold compression rental, 14 days, for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee & Leg (Acute & Chronic) chapter, Venous Thrombosis.

Decision rationale: The patient presents with right shoulder pain. The request is for Vascutherm Cold Compression Rental, 14 days, for the Right Shoulder. The request for authorization is dated 04/17/15. The patient is status-post right shoulder diagnostic and operative arthroscopy, 04/17/15. MRI of the right shoulder, 11/24/14, shows evidence of supraspinatus tendinosis, small focal increased signal at the distal supraspinatus tendon insertion along the articular side is noted of, suspicious for small focal rim-vent tear. Physical examination findings show positive provocative Neer and Hawkins impingement signs, positive O'Brien's testing. Range of motion is full, however, there is pain and stiffness at end ranges. He states the narcotic medication does cause him nausea. Patient's medications include Percocet, Zofran and Naproxen. Per progress report dated 04/16/15, the patient is temporarily totally disabled. MTUS is silent about Vascutherm. However, ODG guidelines, chapter 'Knee & Leg (Acute & Chronic)' and topic 'Venous Thrombosis', allow for short-term post-operative use for 7 days. ODG states that no research shows any additional added benefit for more complicated cryotherapy units over conventional ice bags or packs. Regarding Vascutherm with DVT prophylaxis, ODG states that ASA may be the most effective choice to prevent PE and DVT in patients undergoing orthopedic surgery, but even ASA patients should receive sequential compression as needed. When looking at various devices, data from Million Women Study in the UK suggested that the risk of DVT after pelvic and acetabular surgery is greater and lasts for longer than has previously been appreciated. They showed that the risk is greatest in the first six weeks following surgery, peaking around three weeks afterward. Treater does not discuss the request. In this case, the patient is status-post right shoulder diagnostic and operative arthroscopy, 04/17/15. The request for Vascutherm unit is possibly related to this procedure. ODG guidelines allow Vascutherm for post-operative use, however, recommend only 7 days of use. The request for 14 days exceeds MTUS recommendation. Therefore, the request is not medically necessary.

Compression therapy wrap purchase for the right 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee & Leg (Acute & Chronic) chapter, Venous Thrombosis.

Decision rationale: The patient presents with right shoulder pain. The request is for Compression Therapy Wrap Purchase for the Right Shoulder. The request for authorization is dated 04/17/15. The patient is status-post right shoulder diagnostic and operative arthroscopy,

04/17/15. MRI of the right shoulder, 11/24/14, shows evidence of supraspinatus tendinosis, small focal increased signal at the distal supraspinatus tendon insertion along the articular side is noted of, suspicious for small focal rim-rent tear. Physical examination findings show positive provocative Neer and Hawkins impingement signs, positive O'Brien's testing. Range of motion is full, however, there is pain and stiffness at end ranges. He states the narcotic medication does cause him nausea. Patient's medications include Percocet, Zofran and Naproxen. Per progress report dated 04/16/15, the patient is temporarily totally disabled. MTUS is silent about Vascutherm. However, ODG guidelines, chapter 'Knee & Leg (Acute & Chronic)' and topic 'Venous Thrombosis', allow for short-term post-operative use for 7 days. ODG states that no research shows any additional added benefit for more complicated cryotherapy units over conventional ice bags or packs. Regarding Vascutherm with DVT prophylaxis, ODG states that ASA may be the most effective choice to prevent PE and DVT in patients undergoing orthopedic surgery, but even ASA patients should receive sequential compression as needed. When looking at various devices, data from Million Women Study in the UK suggested that the risk of DVT after pelvic and acetabular surgery is greater and lasts for longer than has previously been appreciated. They showed that the risk is greatest in the first six weeks following surgery, peaking around three weeks afterward. Treater does not discuss the request. The request is for the Compression Therapy Wrap to be used with the Vascutherm unit. However, the Vascutherm Cold Compression unit has not been authorized. Therefore, the request is not medically necessary.

Shoulder CPM rental 14 days for the right 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Shoulder Chapter, continuous passive motion devices.

Decision rationale: The patient presents with right shoulder pain. The request is for Shoulder CPM Rental 14 days for the Right Shoulder. The request for authorization is dated 04/17/15. The patient is status-post right shoulder diagnostic and operative arthroscopy, 04/17/15. MRI of the right shoulder, 11/24/14, shows evidence of supraspinatus tendinosis, small focal increased signal at the distal supraspinatus tendon insertion along the articular side is noted of, suspicious for small focal rim-rent tear. Physical examination findings show positive provocative Neer and Hawkins impingement signs, positive O'Brien's testing. Range of motion is full, however, there is pain and stiffness at end ranges. He states the narcotic medication does cause him nausea. Patient's medications include Percocet, Zofran and Naproxen. Per progress report dated 04/16/15, the patient is temporarily totally disabled. The ACOEM and MTUS do not discuss Continuous passive motion devices. ODG Shoulder Chapter has the following regarding continuous passive motion devices, "Not recommended for shoulder rotator cuff problems, but recommended as an option for adhesive capsulitis, up to 4 weeks/5 days per week". ODG further states, "Rotator cuff tears: Not recommended after shoulder surgery or for nonsurgical treatment". Treater does not discuss the request. The patient is status-post right shoulder arthroscopy, 04/17/15. Physical examination findings show positive provocative Neer and

Hawkins impingement signs, positive O'Brien's testing. MRI of the right shoulder, 11/24/14, shows evidence of supraspinatus tendinosis, small focal increased signal at the distal supraspinatus tendon insertion along the articular side is noted of, suspicious for small focal rim- rent tear. In this case, ODG Guidelines recommend CPM for patients with adhesive capsulitis, which the patient does not present with. Furthermore, the use of CPM is not recommended after shoulder surgery. Therefore, the request is not medically necessary.

Sheepskin pad purchase for the right 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Shoulder Chapter, continuous passive motion devices.

Decision rationale: The patient presents with right shoulder pain. The request is for Sheepskin Pad Purchase for the Right Shoulder. The request for authorization is dated 04/17/15. The patient is status-post right shoulder diagnostic and operative arthroscopy, 04/17/15. MRI of the right shoulder, 11/24/14, shows evidence of supraspinatus tendinosis, small focal increased signal at the distal supraspinatus tendon insertion along the articular side is noted of, suspicious for small focal rim-rent tear. Physical examination findings show positive provocative Neer and Hawkins impingement signs, positive O'Brien's testing. Range of motion is full, however, there is pain and stiffness at end ranges. He states the narcotic medication does cause him nausea. Patient's medications include Percocet, Zofran and Naproxen. Per progress report dated 04/16/15, the patient is temporarily totally disabled. The ACOEM and MTUS do not discuss Continuous passive motion devices. ODG Shoulder Chapter has the following regarding continuous passive motion devices, "Not recommended for shoulder rotator cuff problems, but recommended as an option for adhesive capsulitis, up to 4 weeks/5 days per week". ODG further states, "Rotator cuff tears: Not recommended after shoulder surgery or for nonsurgical treatment". Treater does not discuss the request. The request is for the Sheepskin Pad to be used with the CPM unit. However, the CPM unit has not been authorized. Therefore, the request is not medically necessary.