

Case Number:	CM13-0017920		
Date Assigned:	10/11/2013	Date of Injury:	07/15/2005
Decision Date:	06/16/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/28/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California, Oklahoma, Tennessee, and Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 64-year-old whose date of injury was July 15, 2005. The injured worker presented with complaints of left shoulder pain. The MRI of the left shoulder dated January 23, 2013 revealed evidence of postoperative changes involving a resection of the distal end of the clavicle. The acromion was identified as a type 1 configuration. A full thickness rotator cuff tear was not identified. No discrete labral tear was revealed. The clinical note dated January 30, 2013 indicates the injured worker having undergone a left shoulder revision arthroscopy and correction on September 11, 2012. The injured worker stated a subsequent injury occurred at the left shoulder when he attempted to prevent his grandson from falling. The injured worker continued with left shoulder pain. Upon exam, the injured worker was able to demonstrate 165 degrees of left shoulder flexion and 110 degrees of abduction. The injured worker was also revealed as having positive findings for painful arc of motion. 4+/5 strength was identified at the supraspinatus. The injured worker also demonstrated 15 degrees of internal rotation. A moderate Popeye deformity was identified at the left biceps. The injured worker was provided with a subacromial injection at that time. The chest x-ray dated July 5, 2013 revealed stable findings. No pulmonary issues were identified. The clinical note dated March 18, 2013 indicates the injured worker utilizing Naprosyn for pain relief. The injured worker continued with left shoulder range of motion deficits. The injured worker also showed positive signs of impingement. Increased pain was identified at the biceps origin. The clinical note dated September 26, 2013 indicates the injured worker having been attending physical therapy. The injured worker was recommended for continuation of formal physical therapy with a focus on strengthening modalities.

IMR ISSUES, DECISIONS AND RATIONALES

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

VASCUTERM THERAPY DVT (DEEP VEIN THROMBOSIS) TIMES 30 DAYS FOR THE LEFT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The documentation indicates the injured worker having previously undergone a left shoulder operative procedure. A vascutherm is indicated in order to address possible DVT, edema, lymphedema, or arterial insufficiency. No information was submitted regarding the injured worker's significant clinical findings indicating the likely benefit of a vascutherm device. The request for vascutherm therapy DVT (deep vein thrombosis) for the left shoulder for 30 days is not medically necessary or appropriate.