MAXIMUS Federal Services

Case Number:	CM14-0133603		
Date Assigned:	08/27/2014	Date of Injury:	04/07/2013
Decision Date:	11/17/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/21/2014

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 Occupational Medicine, and is licensed to practice in California. 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:

There were 126 pages provided for this review. The application for independent medical review was signed on August 20, 2014. It is for a vasculotherm rental from June 5, 2014 to July 5, 2014. Per the records provided, the claimant underwent a right shoulder arthroscopic distal clavicle excision and subacromial decompression with partial debridement of the rotator cuff on March 6, 2014. On exam, the range of motion of the right shoulder was decreased. There were other range of motion deficits. The provider noted that the right shoulder progress has leveled. He would like to proceed with surgery on the left. The pathology is nearly identical and the surgical procedure will be the same. The vasculotherm would be for deep venous thrombosis prophylaxis for 30 days for the left shoulder post arthroscopic surgery. He is 58 and sustained the injury on April 7, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Vasculotherm 30 days rental from 06/05/14 to 07/05/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - TWC Shoulder Procedure Summary last updated 04/25/2014 ; cold compression therapy ODG - TWC Shoulder Procedure Summary last Updated 04/25/2014; compression garments

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ACOEM), 2nd Edition, (2004) Page 48 of ACOEM, under Approach to Treatment notes (ODG): Knee, under Deep Venous Thrombosis

Decision rationale: Vascutherm provides heat and compression. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to the compressive portion to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG notes in regards for compressive devices for deep venous thrombosis prevention: Recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. Minor injuries in the leg are associated with greater risk of venous thrombosis. The relative risk for venous thrombosis is 3-fold greater following minor injury, especially if injury occurs in the 4 weeks prior to thrombosis, is located in the leg, and involves multiple injuries or rupture of muscle or ligament. Risk for venous thrombosis is higher in those with leg injury combined with family history of venous thrombosis (12-fold risk), Factor V Leiden mutation (50-fold risk), or Factor II 20210A mutation (9-fold risk). This patient lacks significant risk factors for deep venous thrombosis, such that I would not agree with the compression rental following the surgery. The request is not certified.Regarding heat, the MTUS/ACOEM guides note that 'during the acute to subacute phases for a period of 2 weeks or less, physicians can use passive modalities such as application of heat and cold for temporary amelioration of symptoms and to facilitate mobilization and graded exercise. They are most effective when the patient uses them at home several times a day'. Elaborate equipment is simply not needed to administer a heat modality. The guides note it is something a claimant can do at home with simple home hot packs made at home, without the need for such equipment. As such, this DME would be superfluous and not necessary, and not in accordance with MTUS/ACOEM. The request is not medically necessary.