

Case Number:	CM13-0028028		
Date Assigned:	03/03/2014	Date of Injury:	10/03/2012
Decision Date:	10/01/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/23/2013

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. 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:

This is a 48-year-old male with a 10/3/12 date of injury. The patient injured his right shoulder when he was lifting a very heavy rock while working as a field worker. According to a progress report dated 2/11/13, the patient is status post right shoulder arthroscopy and correction on 8/13/13. He continued to have significant pain and stiffness. The patient had a recent exacerbation of symptomatology including new symptoms of weakness following a physical therapy visit. Objective findings: restricted ROM of right shoulder, rotator cuff testing is 3/5 in the supraspinatus testing, secondary to pain. Diagnostic impression: rotator cuff sprain and strain, adhesive capsulitis of shoulder, osteoarthritis of shoulder region. Treatment to date: medication management, activity modification, physical therapy, surgery. A UR decision dated 9/5/13 denied the requests for intraoperative VacuTherm Intermittent PCD for DVT and ongoing use of a generic cryotherapy unit past 7 days. There is no support for the pneumatic compression device post op shoulder surgery or to prevent stroke or heart attack and little evidence in preventing DVT as opposed to anticoagulation. There is support for limited use of a cryotherapy unit post op shoulder surgery. The request for ongoing use of a generic cryotherapy unit past 7 days was modified to a 7 day use of a generic continuous flow cryotherapy unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONGOING USE OF A GENERIC CONTINUOUS FLOW CRYOTHERAPY UNIT PAST 7 DAYS: 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) Knee Chapter

Decision rationale: CA MTUS does not address this issue. ODG states that continuous-flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. A specific rationale identifying why the patient requires additional use of a cryotherapy unit was not provided. Guidelines only support use of a cryotherapy unit for 7 days post operatively. Therefore, the request for Ongoing Use Of A Generic Continuous Flow Cryotherapy Unit Past 7 Days is not medically necessary.

INTRAOPERATIVE VASCU THERM INTERMITTENT PCD (PNEUMATIC COMPRESSION DEVICE) FOR DVT (DEEP VEIN THROMBOSIS)-RECEIVED 8/8/13:
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) Knee and Leg Chapter

Decision rationale: CA MTUS does not address this issue. ODG states that continuous-flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. However, ODG states that while there are studies on continuous-flow cryotherapy, there are no published high quality studies on the Game Ready device or any other combined system. There is no rationale identifying why a cryotherapy unit would be insufficient. There are no established risk factors for DVT. Therefore, the request for Intraoperative Vascu Therm Intermittent PCD (Pneumatic Compression Device) For DVT (Deep Vein Thrombosis)-Received 8/8/13 is not medically necessary.