

<b>Case Number:</b>	CM13-0037892		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	04/20/2000
<b>Decision Date:</b>	03/05/2014	<b>UR Denial Date:</b>	10/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California, Connecticut and Pennsylvania. 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 physician 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 claimant is a 58-year-old female who was injured in a work related accident on 04/20/00. The records in this case are specific to a recent 09/03/13 surgery to the claimant's right shoulder which indicates she underwent a right shoulder arthroscopy, subacromial decompression, AC joint resection and arthroscopic rotator cuff repair. There are two specific requests, one is for a VascuTherm cold therapy with DVT prophylaxis rental for 30 days and the second is for a "cold shoulder wrap" both to be utilized in the postoperative setting. Further clinical records in this case are not imperative to the request at hand.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VascuTherm cold therapy w/ DVT prophylaxis rental for 30 days:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment, Knee and Leg Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Procedure, Continous Flow Cryotherapy and Knee Procedure, Lymphedema Pumps

**Decision rationale:** Based on Official Disability Guidelines criteria, as California ACOEM Guidelines are silent, the role of a cold therapy unit with DVT prophylaxis for rental would not

be indicated. The use of a cryotherapy/DVT prophylaxis VascuTherm unit for 30 days would not be supported. Criteria in regards to cryotherapy devices in an isolated setting would recommend their role for up to seven days including home use for the shoulder. Records would not indicate the role of a DVT compressive prophylactic device for shoulder surgical situation. Those types of devices could be used as an option for treatment of lymphedema after a trial of more conservative measures. Their acute use in the surgical setting, particularly for upper extremity surgery with little likelihood or risk factor for DVT would not be supported.

**One shoulder wrap:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment, Knee and Leg Chapter

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

**Decision rationale:** Based on Official Disability Guidelines criteria, as California ACOEM Guidelines are silent, a shoulder wrap would not be indicated. Once again, the role of compressive garments or wrapping is supported to help with edema and DVT control. However, documentation does not support its use or indication in the post shoulder surgical setting. Specific request in this case would not be supported by guideline criteria.