

<b>Case Number:</b>	CM13-0046186		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/25/2012
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	10/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of June 25, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; shoulder arthroscopy on September 24, 2013; and extensive periods of time off of work. In a utilization review report of October 11, 2013, the claims administrator partially certified the request for a 35-day rental of cold therapy unit as a seven-day rental of the same, denied a request for DVT prevention device, approved a Universal Therapy Wrap, and approved sling. The applicant's attorney subsequently appealed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Qtech cold therapy unit for 35 days:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder, Continuous Flow Cryotherapy

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Integrated Treatment/ Disability Duration Guidelines--Shoulder Disorders.

**Decision rationale:** The MTUS does not address the topic. As noted in the ODG shoulder chapter continuous flow cryotherapy topic, continuous flow cryotherapy is recommended as an option for a period of seven days following surgery. As complications related to cryotherapy such as frostbite can be devastating, treatment beyond seven days is not recommended. Therefore, the 35-day rental being proposed by the attending provider is not indicated and is therefore not certified.

**Qtech (DVT) deep vein thrombosis prevention system x 35 days:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Integrated Treatment/ Disability Duration Guidelines--Shoulder Disorders.

**Decision rationale:** The MTUS does not address the topic. As noted in the ODG shoulder chapter compression garments topic, compression garments and mechanical prophylaxis to prevent DVTs postoperatively are not generally recommended following shoulder arthroscopy as such events are extremely rare following upper extremity surgeries. In this case, the attending provider did not furnish any applicant specific rationale to the request for authorization so as to try and offset the unfavorable guideline recommendation. There is, for instance, no personal history of coagulopathy, prior DVTs, family history of coagulopathy, etc., which might make a case for postoperative DVT prophylaxis for this particular individual. Accordingly, the request is not certified.

**Half arm wrap purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder, Postoperative abduction pillow sling.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Integrated Treatment/ Disability Duration Guidelines--Shoulder Disorders.

**Decision rationale:** The MTUS does not address the topic. This half arm wrap appears to represent a compression garment used to facilitate mechanical prophylaxis following shoulder arthroscopy. Again, as with the device itself, the ODG shoulder chapter compression garments topic does not recommend routine DVT prophylaxis following upper extremity shoulder surgery such as the shoulder arthroscopy which transpired here. In this case, the claimant does not have any personal history of DVT, coagulopathies, blood dyscrasias, etc., which might support usage of the DVT and associated half arm wrap. Accordingly, the request remains non-certified, on independent medical review.