

Case Number:	CM13-0052210		
Date Assigned:	12/27/2013	Date of Injury:	09/13/2012
Decision Date:	10/08/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/15/2013

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 Physical Medicine and Rehabilitation 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 patient sustained an injury on 9/13/12 while employed by [REDACTED]. Request(s) under consideration include [REDACTED] DVT Prevention System Rental - 35 Days and [REDACTED] Cold Therapy Recovery System with Wrap Rental 35 Days. Diagnoses include Shoulder region disorder s/p (status post) left shoulder arthroscopy with subacromial decompression on 9/13/13. Report of 8/15/13 from the provider noted the patient with left sided shoulder pain and weakness with limitation in ADLs (activities of daily living) and reduction in functional capacity. Exam showed shoulder impingement; positive Yegason and Hawkin's over left side with decreased range of flex/abd of 100 degrees; 4/5 motor strength on left. The patient was unresponsive to conservative treatment to include physical therapy, cortisone injection, medications, and modified activities/rest. The request(s) for [REDACTED] DVT Prevention System Rental - 35 Days And [REDACTED] Cold Therapy Recovery System With Wrap Rental 35 Days were non-certified on 10/16/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] DVT PREVENTION SYSTEM RENTAL - 35 DAYS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), SHOULDER CHAPTER, CONTINUOUS-FLOW CRYOTHERAPY

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Venous Thrombosis, pages 356-358

Decision rationale: The [REDACTED] DVT system delivers pneumatic compression via calf wraps aiding venous return. During the weeks following surgery, mobility is an issue, making the vascutherm unit necessary in preventing any risk of DVT developing while being immobile for multiple hours at a time. Per manufacturer, the device provides DVT prophylaxis for post-operative orthopedic patients. The patient underwent left shoulder arthroscopic surgery; however, the provider does not identify specific risk factors for DVT prophylaxis. Per Guidelines, although DVT prophylaxis is recommended to prevent veno-thromboembolism (VTE) for patient undergoing knee or hip arthroplasty, it is silent on its use for shoulder arthroscopic SAD surgery. Some identified risk factors identified include lower limb surgeries, use of hormone replacement therapy or oral contraceptives, and obesity, none of which apply in this case. Submitted reports have not demonstrated factors meeting criteria especially rehabilitation to include mobility and exercise are recommended post-shoulder surgical procedures as a functional restoration approach towards active recovery. Submitted reports have not adequately demonstrated indication, clinical findings, post-operative complications, or co-morbidities to support the system beyond guidelines criteria. The [REDACTED] DVT Prevention System Rental - 35 Days is not medically necessary and appropriate.

[REDACTED] COLD THERAPY RECOVERY SYSTEM WITH WRAP RENTAL 35 DAYS:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), SHOULDER CHAPTER, CONTINUOUS-FLOW CRYOTHERAPY

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cryotherapy/Cold & Heat Packs, pages 381-382

Decision rationale: The [REDACTED] Cold therapy system delivers cold/compression without need of ice directly to the cold wrap. Per manufacturer, the device provides heat and cold compression therapy wrap for the patient's home for indication of pain, edema, for post-operative orthopedic patients. The patient underwent left shoulder arthroscopic surgery. Submitted reports have not demonstrated factors meeting criteria: especially when it comes to rehabilitation to include mobility and exercise are recommended post-shoulder surgical procedures as a functional restoration approach towards active recovery. MTUS Guidelines is silent on specific use of cold compression therapy with pad and wrap, but does recommend standard cold pack for post exercise. ODG Guidelines specifically addresses the short-term benefit of cryotherapy post-surgery; however, limits the use for 7-day post-operative period as efficacy has not been proven after. Submitted reports have not adequately demonstrated indication, clinical findings, post-operative complications, or co-morbidities to support the system beyond guidelines criteria. The [REDACTED] Cold Therapy Recovery System with Wrap Rental 35 Days is not medically necessary and appropriate.

