

<b>Case Number:</b>	CM13-0069360		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	04/12/2013
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### 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:

The patient is a 51 year old male who was injured on 04/12/2013 while he fell to the ground landing on his right side after falling off a truck. Prior treatment history has included medications: Norco, Tylenol PM and lisinopril/hydrochlorothiazide. On 10/18/2013 the patient underwent right shoulder arthroscopy, subacromial decompression with bursectomy, anterior acromioplasty and release of coracoacromial ligament, arthroscopic rotator cuff repair and arthroscopic Mumford procedure. Diagnostic studies reviewed include MRI of the lumbar spine dated 08/06/2013 with the following impression: 1. At L5-S1 there is a 4 mm disc bulge with accompanying osteophyte with left greater than right foraminal narrowing and bilateral facet hypertrophy. 2. At L4-L5 there is a 3 mm disc bulge with foraminal narrowing and facet hypertrophy. 3. At L3-L4 there is a 3-4 mm disc bulge with foraminal narrowing and facet hypertrophy. 4. At L2-L3 there is 2-3 mm disc bulge with foraminal narrowing and facet hypertrophy. 5. At T12-L1 and L1-L2 there is a 2 mm disc bulge. 6. There are large Schmorl's nodes in the superior endplates of T12 and L1. The conus medullaris appears intact. PR-2 dated 09/25/2013 documented the patient to have complaints of pain with the severity at 7-8/10 on a pain scale. Objective findings on exam included examination of the right shoulder: TTP AC joint; flexion 110 degrees, extension 30 degrees and abduction 110 degrees. Positive Hawkins and Neers test. Neurological examination of the upper extremities reveals reflexes in the biceps and triceps are intact and symmetrical. Babinski and Hoffman sign negative bilaterally. Detailed sensory examination testing, dermatomes from C2 to T1 is normal to soft touch and pinwheel. Diagnosis: 1. Multilevel lumbar spine disc herniations L1-S1 with foraminal narrowing. 2. Right hip early degenerative arthritis. 3. Resolved elbow sprain. 4. Right shoulder rotator cuff tear. Treatment Plan: I recommend a water circulating cold and heating unit be used at home for 35 days to prevent postoperative swelling and to decrease pain. The unit should also contain

compression and have the ability to combat DVT. This will aid in a safe recovery as the patient has undergone surgery and thus has moderate chance of developing a clot.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Q-tech, cold therapy recovery system with wrap status post surgery for home use 35 days for 6-8 hours a day or as needed:** 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, 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), Shoulder, continuous-flow Cryotherapy; Venous thrombosis.

**Decision rationale:** CA MTUDS and ACOEM do not specifically address the requested Q-Tech device. However, ODG, Shoulder Chapter, states that continuous-flow cryotherapy is recommended as an option after surgery. Postoperative use generally may be up to 7 days, including home use. However, The Q-Teck recovery system contains continuous-flow cryotherapy, heat therapy, intermittent compression, and is used for DVT prevention. ODG, Shoulder Chapter, Venous thrombosis, states that risk is lower than in the knee. There is no evidence that the patient was at risk for DVT, need heat therapy or compression after surgery. Given these reasons, the medical necessity is not established.