

<b>Case Number:</b>	CM14-0000170		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	07/27/2012
<b>Decision Date:</b>	05/02/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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 Texas. 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 64-year-old male who reported an injury on 07/27/2012 after he lifted a truck bar. The patient reportedly sustained an injury to his right shoulder. The patient underwent arthroscopic repair followed by postsurgical physical therapy. The patient was evaluated on 11/08/2013 and it was documented that the patient had continued pain and weakness of the right shoulder. Physical findings included restricted range of motion with a positive Hawkins and Neer's test, and 4/5 motor strength testing. It was noted that the patient had a possible new right shoulder rotator cuff tear. An additional MRI was ordered. A request was made for a Vascutherm for DVT prophylaxis and intermittent hot and cold compression unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Intermittent hot and cold compression with tens and electrodes:** 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), Knee & Leg.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Continuous Flow Cryotherapy.

**Decision rationale:** The requested intermittent hot and cold compression unit is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address this type of intervention. Official Disability Guidelines support the use of a cryotherapy unit for up to 7 days in the postsurgical treatments of a patient. However, the clinical documentation submitted for review does not clearly identify that the patient is a candidate for surgical intervention. Official Disability Guidelines do not recommend this type of therapy in the absence of surgery. As such, the requested intermittent hot and cold compression unit is not medically necessary or appropriate.

**vascutherm for DVT PROPHYLAXIS:** 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.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Venous Stasis.

**Decision rationale:** The requested VascuTherm for DVT prophylaxis is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address this type of treatment. Official Disability Guidelines do not support the use of mechanical DVT prophylaxis for upper extremity issues. Additionally, the clinical documentation submitted for review does not clearly indicate that the patient will undergo surgical intervention that would provide a period of immobilization and put the patient at risk for a deep vein thrombosis. The clinical documentation does not provide any evidence that the patient is at significant risk for developing deep vein thrombosis. As such, the requested VascuTherm for DVT prophylaxis is not medically necessary or appropriate.