

Case Number:	CM14-0104282		
Date Assigned:	08/01/2014	Date of Injury:	02/08/2011
Decision Date:	10/08/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/07/2014

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 Orthopedic Surgery 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 45 year old patient had a date of injury on 2/8/2011. The mechanism of injury was not noted. In a progress noted dated 7/3/2014, subjective findings included right shoulder pain, changes to vision, hearing loss, shortness of breath. On a physical exam dated 7/3/2014, objective findings included normal vital signs, normal appearance, with no abnormalities. The UR decision dated 6/17/2014 approved the decision for right shoulder arthroscopy SLAP repair. The diagnostic impression shows preoperative consultation for right shoulder surgery Treatment to date: medication therapy, behavioral modification A UR decision dated 6/17/2014 denied the request for DVT, prophylactic compression cuffs, stating that no rationale for upper extremity compression following the procedure. Cold therapy unit (duration unknown) was denied, stating guidelines limit postoperative cold therapy unit use to 7 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

DVT (Deep Vein Thrombosis), Prophylactic Compression Cuffs: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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 chapter

Decision rationale: MTUS does not address this issue. ODG recommends compression garments with good evidence for the use of compression, but little is known about dosimetry in compression, for how long and what level compression should be applied. Low levels of compression(10-30mgHg applied by stockings are effective in management of edema and DVT. In this case, there was no discussion in the reports reviewed regarding the medical necessity of compression cuffs for shoulder arthroscopy SLAP repair. Therefore, the request for prophylactic compression cuffs for DVT is not medically necessary.

Cold therapy unit (duration unknown): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Continuous-flow Therapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee chapter

Decision rationale: CA MTUS does not address this issue. ODG states that continuous-flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In the reports viewed, there was no discussion regarding the length of treatment, and a request cannot be certified without this information. Therefore, the request for cold therapy unit(duration unknown) is not medically necessary.