

<b>Case Number:</b>	CM14-0109290		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	02/13/2009
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	07/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 57-year-old male who reported injury on 02/13/2009 caused by an unspecified mechanism. The injured worker's treatment history included left shoulder arthroscopy, platelet-rich plasma injections, interscalene block, physical therapy, MRI studies, medications, and labs. On 07/24/2014 the injured worker had a pre-anesthetic consultation/history of medical/physical report that noted the injured worker was scheduled for left shoulder arthroscopy, possible mini-open rotator cuff repair, possible acromioclavicular joint resection and debridement. Surgery was scheduled for 07/30/2014. The injured worker had a lumbar laminectomy under general anesthesia in 1990; he had a right rotator cuff repair and arthroscopy under general anesthesia in 2010; he had a right elbow debridement under general anesthesia in 2011; he had a left shoulder arthroscopy, subacromial decompression debridement, removal of foreign body, and platelet-rich plasma injection under general anesthesia with interscalene block on 02/19/2014. Physical examination revealed BMI of 29, blood pressure was 126/72, pulse was 78, respiratory rate was 16, temperature was 36.6, and O2 stat was 98% on room air. On 07/30/2014, the injured worker had undergone an arthroscopic double row rotator cuff repair, arthroscopic AC joint resection, arthroscopic subacromial decompression, and an arthroscopic debridement of synovitis, debrided from the previous rotator cuff repair and bursa. The surgeon noted the injured worker had undergone 2 previous surgeries from his left shoulder. He underwent a failed rotator cuff repair by an outside surgeon and debridement. The injured worker was noted to have increasing pain in his AC joint and continued pain in his rotator cuff, and it was suggested that his 50% thickness tear be formally repaired due to his strenuous work as a painter and continued symptoms. Post operative diagnoses included left shoulder rotator cuff tear, left shoulder chronic impingement, left shoulder AC joint arthritis, and left shoulder synovitis. Request for Authorization dated 06/26/2014 was for Post-Operative Durable Medical

Equipment (DME) - cold therapy unit - for left shoulder. The rationale was for the injured worker had undergone left shoulder arthroscopy, mini-open rotator cuff repair.

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

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

#### **Post-Operative Durable Medical Equipment (DME)- Cold Therapy Unit - For Left Shoulder: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulders (Acute & Chronic) Cold Therapy.

**Decision rationale:** The Official Disability Guidelines (ODG) does not recommend cold therapy for the shoulders. The guidelines states that "deep venous thrombosis and pulmonary embolism events are common complications following lower-extremity orthopedic surgery, but they are rare following upper-extremity surgery, especially shoulder arthroscopy." It is still recommended to perform a thorough preoperative workup to uncover possible risk factors for deep venous thrombosis/ pulmonary embolism despite the rare occurrence of developing a pulmonary embolism following shoulder surgery. Mechanical or chemical prophylaxis should be administered for patients with identified coagulopathic risk factors. Although variability exists in the reported incidence of VTE, surgeons should still be aware of the potential for this serious complication after shoulder arthroplasty. Additionally, the request failed to indicate # of days of rental for the cold therapy unit and date of services. As such, the request for post-operative durable medical equipment is not medically necessary.