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| <b>Case Number:</b>   | CM14-0109333 |                              |            |
| <b>Date Assigned:</b> | 08/01/2014   | <b>Date of Injury:</b>       | 05/02/2013 |
| <b>Decision Date:</b> | 09/09/2014   | <b>UR Denial Date:</b>       | 07/03/2014 |
| <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 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 57 year-old female injured worker sustained an industrial injury on 05/02/2013. The mechanism of injury was not documented. The 08/31/2013 left shoulder MRI impression documented acromiale and degenerative change of the acromioclavicular joint. There was subacromial/subdeltoid fluid and a large joint effusion. There was a large full thickness supraspinatus tear with retraction and infraspinatus tendinosis. She underwent left shoulder arthroscopic rotator cuff repair, subacromial decompression, acromioplasty, and extensive debridement and synovectomy on 05/13/2014. A thermacooler system was prescribed for post-operative use to minimize swelling. The 07/03/2014 utilization review denied the request for a thermacooling system for six weeks rental and the water circulating wrap as there was no rationale for a cold therapy/compression unit after a routine shoulder arthroscopy. Home application of ice/cold packs would suffice for edema control and oral anti-coagulants would be more appropriate for deep vein thrombosis prophylaxis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Thermacooling system for six weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

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

**Decision rationale:** The MTUS is silent regarding cold compression therapy. Cryotherapy is recommended using standard cold packs. The ODG does not recommend cold compression therapy for patients undergoing shoulder surgeries. There is no evidence of improved clinical post-operative outcomes for patients using an active cooling and compression device over those using ice bags and elastic wrap after shoulder surgery. The ODG recommends identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures, such as consideration for anticoagulation therapy. Guideline criteria have not been met. There is no compelling reason in the records reviewed to support the medical necessity of a mechanical cold system over standard cold pack in the absence of demonstrated improved clinical efficacy. There were no significantly increased DVT risk factors identified for this patient. There is no documentation that anticoagulation therapy would be contraindicated, or standard compression stockings insufficient, to warrant the use of mechanical prophylaxis. Therefore, this request is not medically necessary.

**Purchase of water circulating wrap:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention.

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

**Decision rationale:** Since the primary item is not medically necessary, none of the associated services are medically necessary.