

<b>Case Number:</b>	CM14-0123516		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	09/12/2007
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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:

The patient is a 44-year-old female who was injured on 09/12/07. Records provided for review document that the claimant was scheduled to undergo right shoulder arthroscopy on 05/09/14 as an outpatient. There was a preoperative request for a Q-Tech DVT prevention system for a 21 day use as well as a Q-Tech cryotherapy device for 21 day use in the postoperative setting. The remaining records do not provide information relevant to the postsurgical requests.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Q-tech DVT prevention system, up to 21 days post-op, for 6-8 hours or as needed:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder Chapter, Venous Thrombosis.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure - Venous thrombosis.

**Decision rationale:** The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. Based on the Official Disability Guidelines (ODG), a Q-Tech DVT prevention system would not be indicated. The ODG Guidelines recommend identifying individuals that are at a high risk for developing venous thrombosis and providing appropriate

measures for prevention. This individual is to undergo a surgical arthroscopy to the shoulder as an outpatient and there is no documentation of a prior history of venothrombolytic disease or underlying comorbidity that would necessitate the need for DVT prevention. The request in direct relationship to the claimant's outpatient shoulder arthroscopy would not be supported. Therefore, the request for a Q-tech DVT prevention system, up to 21 days post-op, for 6-8 hours or as needed is not medically necessary and appropriate.

**Q-tech cold therapy recovery system with wrap, up to 21 days post-op for 6-8 hours or as needed:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder Chapter, Continuous-flow Cryotherapy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205, 555-556. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure - Continuous-flow cryotherapy.

**Decision rationale:** California ACOEM Guidelines supported by the Official Disability Guidelines would not support a cryotherapy device for 21 days. The ACOEM Guidelines recommend the use for "a few days" of heat or cold therapy following an acute injury for pain control. The Official Disability Guidelines (ODG) only recommends the use of cryotherapy devices for up to seven days including home use in the postoperative setting. Therefore, the request for Q-tech cold therapy recovery system with wrap, up to 21 days post-op for 6-8 hours or as needed is not medically necessary and appropriate