

<b>Case Number:</b>	CM14-0126695		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	09/17/2013
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 65-year-old male sustained an industrial injury on 9/17/13. Injury occurred when he was struck by a delivery truck. The 11/22/13 left shoulder MRI findings showed sequela of acromioclavicular (AC) separation including disruption of the AC ligament with widening of the interval. There was extensive posttraumatic signal with edema tracking along the trapezius musculature and associated marrow edema. There was a coracoclavicular ligament tear with superior subluxation of the clavicle. There was supraspinatus tendinosis with bursal fiber fraying and subscapularis tendinosis with articular fiber fraying. There was a low-grade injury with subjacent cystic generation of the lesser tuberosity. There was mild degeneration of the glenohumeral joint with degenerative fraying/subtle tear of the superior labrum and anterior inferior labral margin. Conservative treatment included activity modification, physical therapy, medications, and corticosteroid injection. The 6/20/14 treating physician report cited severe left shoulder pain and moderate low back pain with difficulty sleeping due to pain. Left shoulder weakness and loss of range of motion was documented. Authorization was requested for a left shoulder arthroscopy with possible anterior subacromial decompression and Mumford procedure. Multiple post-operative durable medical equipment requests were noted. The Q-Tech system was requested to decrease pain and swelling by offering cold therapy, compression, deep vein thrombosis prophylaxis, and heat. The 7/10/14 utilization review denied the request for the Q-Tech recovery system as cold compression therapy was not recommended in the shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Q-Tech recovery system (30 day rental):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Cold Compression Therapy.

**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 California MTUS are silent regarding cold compression therapy. Cryotherapy is recommended using standard cold packs. The Official Disability Guidelines (ODG) do not recommend cold compression therapy in 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. There is no support for continuous flow cryotherapy over standard ice packs for the proposed surgery. Regarding deep vein thrombosis (DVT) prophylaxis, the ODG recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures, such as consideration for anticoagulation therapy. The administration of DVT prophylaxis is not generally recommended in upper extremity procedures. 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 are limited 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.