

<b>Case Number:</b>	CM14-0149061		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	10/30/2012
<b>Decision Date:</b>	12/02/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/13/2014

### 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, has a subspecialty in Pain Medicine 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 is a patient with a date of injury of October 30, 2012. A utilization review termination dated August 13, 2014 recommends noncertification of DME for the shoulder. A preoperative history and physical dated July 25, 2014 states that the patient is cleared for general anesthesia for right shoulder decompression. A progress report dated August 6, 2014 states the patient is following up after right shoulder surgery. Right shoulder examination indicates that Staples are removed. The diagnosis is right shoulder mini open rotator cuff repair with arthroscopic subacromial decompression, debridement, and distal clavicular resection. The treatment plans recommends removal of Staples and initiate therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Water Circulation: Pad water (Pneumatic compression device for the right shoulder):**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Continuous-flow cryotherapy

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG), Shoulder Chapter, Continuous-flow cryotherapy section, Compression Garments ,Cold compression therapy

**Decision rationale:** Regarding the request for a compression device and water circulation, California MTUS and ACOEM do not contain criteria for this request. ODG states that compression garments are not generally recommended in the shoulder. They go on to state that deep venous thrombosis and pulmonary embolism are rare following upper extremity surgery especially shoulder arthroscopy. Mechanical or chemical prophylaxis should be administered for patients with identified coagulopathic risk factors. ODG cites that continuous-flow cryotherapy is recommended as an option after surgery for up to 7 days, including home use, but not for non-surgical treatment. Within the documentation available for review, there is no indication that the patient has undergone a preoperative workup indicating that the patient is at high risk for coagulopathy. Additionally, the current request is open ended with no duration of use. Guidelines only support postoperative cryotherapy for 7 days. Finally, ODG states that cold compression therapy is not recommended for the shoulder as there are no published studies. As such, the currently requested Water Circulation: Pad water (Pneumatic compression device for the right shoulder) is not medically necessary and appropriate.