

<b>Case Number:</b>	CM14-0159544		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	11/05/1999
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Occupational 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:

There were 172 pages provided for this review. The request was for a heat cold water circulating pump for purchase with wrap, and a Vena-flow rental with sleeve for one month. The primary diagnoses were left shoulder adhesive capsulitis with chronic impingement, status post remote left shoulder arthroscopic subacromial decompression, status post remote right shoulder subacromial decompression, bilateral hand pain in disproportionate neurologic findings upper extremity and bilateral median neuropathy. The application for independent medical review was signed on September 22, 2014. This claimant was injured back in 1999 and currently is a 55-years-old. There was no specific mechanism of injury for the 1999 injury. The patient had a left shoulder arthroscopic subacromial decompression in January 2008. In February 2014 she was complaining of left shoulder pain that had not responded to steroid injections. An MRI from December 3, 2013 showed supraspinatus tendinopathy, partial thickness articular sided tear, resection of the distal clavicle and acromioplasty with possible bursitis. There is mention of an upcoming surgery on August 25, 2014. This would be the surgery for this durable medical equipment. The surgery would be arthroscopic lysis of adhesions with debridement of the rotator cuff tear and further subacromial decompression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Heat/Cold therapy unit with circulating pump, purchase: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cervical, Shoulder, Lumbar, and Knee. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder/Knee

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): Page 48.

**Decision rationale:** This durable medical equipment item is a device to administer regulated heat and cold. However, the MTUS/ACOEM guides note that 'during the acute to subacute phases for a period of 2 weeks or less, physicians can use passive modalities such as application of heat and cold for temporary amelioration of symptoms and to facilitate mobilization and graded exercise. They are most effective when the patient uses them at home several times a day'. Elaborate equipment is simply not needed to administer heat and cold modalities; the guides note it is something a claimant can do at home with simple home hot and cold packs made at home, without the need for such equipment. As such, this DME would be superfluous and not necessary, and not in accordance with MTUS/ACOEM. The request is not medically necessary.

**Venaflow rental for one month with sleeves:** 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 online

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

**Decision rationale:** The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG notes in regards for compressive devices for deep venous thrombosis prevention: Recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. Minor injuries in the leg are associated with greater risk of venous thrombosis. The relative risk for venous thrombosis is 3-fold greater following minor injury, especially if injury occurs in the 4 weeks prior to thrombosis, is located in the leg, and involves multiple injuries or rupture of muscle or ligament. Risk for venous thrombosis is higher in those with leg injury combined with family history of venous thrombosis (12-fold risk), Factor V Leiden mutation (50-fold risk), or Factor II 20210A mutation (9-fold risk). This patient lacks significant risk factors for deep venous thrombosis, such that I would not agree with the compression rental following the surgery. The request is not medically necessary.

**Abduction splint immobilizer for 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)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, under Abduction Splint.

**Decision rationale:** The MTUS is silent. Regarding the shoulder abduction sling pillow, the ODG notes in the shoulder section: Recommended as an option following open repair of large and massive rotator cuff tears. The sling/abduction pillow keeps the arm in a position that takes tension off the repaired tendon. Abduction pillows for large and massive tears may decrease tendon contact to the prepared sulcus but are not used for arthroscopic repairs. (Ticker, 2008) It did not seem the pathology in this case was significantly severe; such that tendon traction would need to be avoided. It is not an open repair and no evidence of large or massive rotator cuff tears. It is not clear how the abduction post splint would help. The request is not medically necessary.