

<b>Case Number:</b>	CM14-0163713		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	09/19/2011
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of September 9, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier carpal tunnel release surgery; earlier shoulder arthroscopy; and unspecified amounts of physical therapy over the course of the claim. The applicant apparently underwent a right shoulder surgery on September 5, 2014. On October 2, 2014, the claims administrator partially approved a request for a rental of Hat-Trick protherapy system, denied a continuous passive motion device, and denied a half arm wrap and sling. The applicant's attorney subsequently appealed. In an October 6, 2014 progress note, the applicant was described as having previously undergone shoulder surgery on September 5, 2014, a carpal tunnel release surgery on January 7, 2014, and cervical fusion surgery on December 6, 2012. The applicant was using Xanax, Norco, Prilosec, and topical compounds. Permanent work restrictions were endorsed. It was stated that the applicant was therefore a qualified injured worker. A 60% whole person impairment rating was issued. On September 10, 2014, the applicant was described as having undergone a decompression and partial distal claviclectomy surgery. It was stated that the applicant was using a CPM device and would remove his own pain pump shortly. The applicant was using Norco, Keflex, Prilosec, and Xanax, it was noted. In an RFA form dated September 3, 2014, authorization was sought for a pain pump for daily use following surgery, a Hat-Trick pro system with DVT prevention wrap, continuous cooling, compression, and heat therapy. Little to no narrative commentary was attached to the RFA form.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hatrick pro therapy system:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 topic Deep Venous Thromboembolism after Arthroscopy of the Shoulder: Two Case Reports and Reviewed Literature, Garofalo et al

**Decision rationale:** The request in question represented a request for a combination of DVT compression/DVT prophylaxis device plus continuous cooling device, apparently endorsed for 21-day home rental purposes. The MTUS does not address either topic. ODG's Shoulder Chapter continuous flow cryotherapy topic notes that continuous flow cryotherapy should be limited to postoperative use, for a span of seven days. The request for a 21-day rental of the device in question, thus, is at odds with ODG's principles and parameters. Similarly, Garofalo et al note in a review article that current guidelines do not advise the administration of DVT prophylaxis in shoulder arthroscopy procedures, as reportedly transpired here. The DVT prophylaxis component of the Hat-Trick protherapy system is, thus, not supported here, nor is the continuous flow cryotherapy component of the request. Since both components of the device are not recommended, the entire device is not recommended. Therefore, the request was not medically necessary.

**Half arm wrap:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 topic Deep Venous Thromboembolism after Arthroscopy of the Shoulder, Garofalo et al

**Decision rationale:** This is a derivative or companion request, one which accompanies the primary request for a Hat-Trick protherapy system. Since that request was deemed not medically necessary, the derivative or companion request for a Hat-Trick protherapy system to administer cryotherapy and/or DVT compression therapy was likewise not indicated. Therefore, the request was not medically necessary.

**Non-programmable pain pump:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder Chapter, Postoperative Pain Pump topic

**Decision rationale:** The MTUS does not address the topic. However, ODG's Shoulder Chapter Postoperative Pain Pump topic notes that postoperative pain pumps are "not recommended" in the postoperative context present here. The attending provider did not furnish any compelling applicant-specific rationale, medical evidence, or rationale which would offset the unfavorable ODG position on the article at issue. Therefore, the request was not medically necessary.

**Shoulder CPM unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Shoulder Chapter, Continuous Passive Motion section

**Decision rationale:** The MTUS does not address the topic. While the Third Edition ACOEM Guidelines do acknowledge that continuous passive motion is recommended in conjunction with an exercise program for adhesive Capsulitis, in this case, however, there is no evidence that the applicant in fact carried a diagnosis of adhesive capsulitis. The applicant's stated diagnosis involving the impacted right shoulder was partial thickness rotator cuff tear with acromioclavicular joint osteoarthritis. The applicant, thus, did not have issues with adhesive capsulitis for which CPM would have been indicated, per ACOEM. Therefore, the request was not medically necessary.