MAXIMUS Federal Services

Case Number:	CM14-0032798		
Date Assigned:	06/23/2014	Date of Injury:	11/02/2012
Decision Date:	08/12/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/14/2014

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 Texas and Colorado. 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 injured worker is a 51-year-old who reported an injury on 11/02/2012. The mechanism of injury was repetitive motion. The specific treatment directed at the wrist was noted to be a carpal tunnel release on 05/30/2013, physical therapy, and a wrist splint. Prior treatments for the shoulder were acupuncture and a cortisone injection as well as physical therapy and medications. There is documentation the injured worker was approved for a right shoulder arthroscopy and decompression with possible repair of tendons, right hand trigger finger release, preoperative medical clearance, and postoperative physical therapy. The surgical intervention was noted to be scheduled on 03/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thermacooling system (hot/cold compression therapy and water corculating wrap for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 369-371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Venous Thrombosis, Compression Garment.

Decision rationale: The ACOEM Guidelines indicate that at home applications of cold during the first few days of an acute complaint are appropriate and thereafter, applications of heat and cold are appropriate as the injured worker prefers. There was no documentation indicating specifically a necessity for a hot and cold compression therapy. The ACOEM Guidelines do not specifically address compression. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that injured workers should be assessed to see if they are at risk for deep vein thrombosis. There should be a consideration of providing prophylactic measures such as consideration for anticoagulation therapy. Additionally, they indicate that compression garments through the use of low level compression stockings are effective in the management of prevention of deep vein thrombosis. The clinical documentation submitted for review failed to provide documentation that the injured worker had been assessed for deep vein thrombosis. There was lack of documented rationale for the request. Given the above, the request for Thermacooling system (hot/cold compression therapy and water circulating wrap for 6 weeks is not medically necessary.