

Case Number:	CM14-0033703		
Date Assigned:	06/20/2014	Date of Injury:	07/23/2012
Decision Date:	07/25/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/17/2014

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. 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 62 year old female with a reported injury on 07/23/2012. The mechanism of injury was not provided. The injured worker had a follow-up examination on 05/28/2014 with complaints of continued pain in shoulder with overhead activities. She reported that she only used ketoprofen compound cream for pain and no other pain medication. The examination revealed the left shoulder to have 130 degrees of abduction, 170 degrees of forward flexion and internal rotation contracture of approximately 10 degrees. The rotator cuff examination was 5/5, except for the supraspinatus which was 4/5 with mild pain on isolation and loading. She does have a history of left shoulder arthroscopy done on 01/14/2014. Her diagnoses consisted of other affections shoulder region and adhesive capsulitis of shoulder. There was no physical therapy or home exercise program notes provided. The recommended plan of treatment was to continue with a home exercise program at least daily, preceded by deep and followed by ice. There was no mention of intermittent pneumatic compression with deep vein thrombosis. The request for authorization was for cold compression and signed on 01/02/2014. The rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold intermittent pneumatic compression unit with deep vein thrombosis (DVT): 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 (Acute & Chronic), Procedure Summary Continuous-flow cryotherapy, deep vein thrombosis.

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.

Decision rationale: The request for cold intermittent pneumatic compression unit with deep vein thrombosis is not medically necessary. The injured worker had a history of a shoulder arthroscopy on 01/14/2014. There is no evidence of a previous physical therapy or home exercise program. The injured worker only uses a topical analgesic for pain control. She reported she does not use medication. The Official Disability Guidelines do not recommend cold compression therapy on the shoulder. Furthermore the request does not specify duration and frequency. Therefore the request for cold intermittent pneumatic compression unit is not medically necessary.