

<b>Case Number:</b>	CM14-0048102		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	03/16/2012
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2014

### 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 Surgeon, 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 patient is a 46-year-old who reported an injury on March 16, 2012 due to repetitive trauma while performing normal job duties. The injured worker reportedly sustained an injury to his right shoulder. The injured worker's treatment history included surgical intervention for the right shoulder, physical therapy, and multiple medications. The injured worker was evaluated on September 10, 2013. It was documented that the patient had continued bilateral shoulder pain complaints and was scheduled for shoulder surgery on September 19, 2013. Physical findings included restricted range of motion secondary to pain. The injured worker's diagnosis included right carpal tunnel syndrome, status post release; left carpal tunnel syndrome, status post release; symptomatic right hand and wrist of carpal tunnel syndrome; right shoulder tendonitis with impingement; left shoulder tendonitis with impingement; cervical strain and right upper extremity radiculopathy and chronic pain. The injured worker underwent impingement syndrome surgery on September 19, 2013. The retrospective request for vasocompression device following surgical intervention for one to two days was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-right-shoulder-arthroscopy surgery rental of an intermittent limb compression device, for one to two days beginning on the date of service September 19, 2013: 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 and Official Disability Guidelines (ODG), Leg and Knee Chapter, Vasopneumatic Devices.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Cold Compression Therapy.

**Decision rationale:** California Medical Treatment Utilization Schedule does not address this request. Official Disability Guidelines do not recommend cold compression therapy for the upper extremities following surgical intervention, as there are not any published studies to support the use of this surgical intervention. The risk of postsurgical deep vein thrombosis is very low for upper extremity surgical interventions. There is no documentation that the injured worker is at significant risk for development of postsurgical deep vein thrombosis that would require this type of intervention. As such, the retrospective request for post right-shoulder-arthroscopy surgery rental of an intermittent limb compression device, for one to two days beginning on the date of service September 19, 2013, is not medically necessary or appropriate.

**Post left shoulder arthroscopy surgery rental of an intermittent limb compression device, for one to two days beginning on the date of service January 2, 2014: 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 and Official Disability Guidelines (ODG), Leg and Knee Chapter, Vasopneumatic Devices.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Cold Compression Therapy.

**Decision rationale:** California Medical Treatment Utilization Schedule does not address this request. Official Disability Guidelines do not recommend cold compression therapy for the upper extremities following surgical intervention, as there are not any published studies to support the use of this surgical intervention. The risk of postsurgical deep vein thrombosis is very low for upper extremity surgical interventions. There is no documentation that the injured worker is at significant risk for development of postsurgical deep vein thrombosis that would require this type of intervention. As such, the retrospective request for post right shoulder arthroscopy surgery rental of an intermittent limb compression device, for one to two days beginning on the date of service January 2, 2014, is not medically necessary or appropriate.