

Case Number:	CM14-0055887		
Date Assigned:	07/09/2014	Date of Injury:	02/01/2007
Decision Date:	08/26/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/25/2014

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 shoulder pain reportedly associated with an industrial injury of February 1, 2007. The applicant, it is incidentally noted, apparently alleged development of pain secondary to cumulative trauma as opposed to specific, discrete injury. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy and chiropractic manipulative therapy; rotator cuff repair surgery on May 16, 2014; and extensive periods of time off of work. In a Utilization Review Report dated April 16, 2014, the claims administrator apparently partially certified a request for a 42-day rental of a hot and cold compression therapy device postoperatively as 7-day rental of the same. In a progress note dated May 28, 2014, the applicant was described as status post earlier shoulder surgery on May 16, 2014. Physical therapy was endorsed. The applicant was placed off of work, on total temporary disability. The applicant remained off of work on an office visit of June 5, 2014, at which time the applicant was described using Norco, Flexeril, and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot/Cold Compression System: 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), Chapter on Knee and Leg, Continuous Flow Cryotherapy.

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: Based on the information on file, this represents a request for purchase of continuous cryotherapy device and/or DVT prophylaxis compression device for postoperative use purposes. The MTUS do not address these topics. As noted in the ODG Shoulder Chapter Continuous-Flow Cryotherapy topic, continuous flow cryotherapy is recommended as an option for up to seven days, postoperatively. ODG cautions against over usage of continuous flow cryotherapy, noting that it could potentially contribute to frostbite. Similarly, the review article deep venous thromboembolism after arthroscopy of the shoulder notes that current guidelines do not advise administration of DVT prophylaxis and shoulder arthroscopy procedures as the incident of the same is very low, on the order of 1 in 1000. In this case, no applicant-specific rationale or medical evidence was proffered which would offset the unfavorable guideline recommendations. No rationale for purchase of the hot, cold, and compression system device was proffered by the attending provider in the face of the unfavorable guideline recommendations. Therefore, the request is not medically necessary.