

<b>Case Number:</b>	CM14-0070416		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	04/04/2012
<b>Decision Date:</b>	12/23/2014	<b>UR Denial Date:</b>	04/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2014

### 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 Indiana. 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 male with date of injury of 4/4/12 when he was involved in a motor vehicle accident while driving a bus and rolled into a building, injuring his right shoulder, back, neck, hands and knee. The claimant has constant right shoulder pain with pushing, pulling, lifting, and overhead use activities with radiation to the right elbow as well as lower back pain radiating to the right buttocks, hip, and lateral aspect of the right mid thigh and neck pain radiating to the left shoulder. Preoperatively, the worker had slightly decreased abduction and flexion of the right shoulder compared to the left with no instability, a negative apprehension test, a negative drop arm test with a positive impingement sign and positive Hawkins test. An MRI of the right shoulder performed on 11/08/13 showed a full thickness tear of the supraspinatus tendon with acromioclavicular arthrosis and tendinopathy of the biceps tendon. The worker had been symptomatic for 1 year with no response to conservative treatment consisting of a subacromial steroid injection and physical therapy. The worker underwent surgery on 2/19/14 for a right shoulder mini-open rotator cuff repair with subacromial decompression/acromioplasty, distal clavicle excision, labral tear debridement, biceps tendon debridement, extensive bursectomy, and injection. The worker was to receive post-operative PT. The treating physician requested a Q-tech DVT prevention system rental times 21 days rental and a Q-tech cold therapy recovery system with wrap times 21 days rental post-operatively.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Q-tech DVT prevention system rental x 21 days: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Integrated Treatment/Disability Duration Guidelines, Shoulder Chapter

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

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) is silent regarding DVT prophylaxis after shoulder arthroscopy. The Official Disability Guidelines (ODG) Guidelines on the shoulder regarding venous thrombosis state: (Ojike, 2011) Deep vein thrombosis (DVT) has an incidence of 1 case per 1000 and it is very rare after arthroscopy of the shoulder. The administration of DVT prophylaxis is not generally recommended in shoulder arthroscopy procedures. For this reason, the requested Q-tech DVT prevention system rental times 21 days is not medically necessary.

**Q-tech cold therapy recovery system with wrap x 21 days rental:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Integrated Treatment/Disability Duration Guidelines, Shoulder Chapter

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

**Decision rationale:** California Medical Treatment Utilization Schedule MTUS is silent regarding cryotherapy after shoulder surgical procedures. The Official Disability Guidelines (ODG) Guidelines for Continuous-flow cryotherapy are as referenced: Recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries (eg, muscle strains and contusions) has not been fully evaluated. Continuous-flow cryotherapy units provide regulated temperatures through use of power to circulate ice water in the cooling packs. In this worker's case, the request for 21 days of rental of a Q-tech cold therapy recovery system with wrap is not medically necessary as it exceeds the recommendation of up to 7 days post-surgery.