

<b>Case Number:</b>	CM14-0169855		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	09/11/2013
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 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] insured who has filed a claim for shoulder pain reportedly associated with an industrial injury of September 11, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; reported diagnosis with a massive rotator cuff tear; and arthroscopic rotator cuff repair surgery on April 8, 2014. In a Utilization Review Report dated October 2, 2014, the claims administrator partially approved a request for a cold compression-DVT prophylaxis unit rental-30 days as a seven-day rental of standard cold therapy unit. A shoulder/arm wrap was apparently approved. On April 8, 2014, the applicant underwent an arthroscopic rotator cuff repair of the supraspinatus and infraspinatus tendons to ameliorate a preoperative diagnosis of massive tear of the supraspinatus and infraspinatus tendons with diffuse labral tearing. In an earlier progress note of May 2, 2014, the applicant was placed off of work, on total temporary disability. Neither the applicant's medical history nor the applicant's medication list was outlined on this occasion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cold Compression/DVT Prophylaxis Unit Rental 30 Days:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

**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, Continuous-flow Cryotherapy and on Other Medical Treatment Guideline or Medical Evidence: Deep Venous Thromboembolism After Arthroscopy of the Shoulder: Two case reports and a review of the literature, Garofalo et al

**Decision rationale:** The MTUS does not address the topic. The 30-day cold therapy rental represents treatment in excess of the seven-day postoperative use role for which continuous-flow cryotherapy is recommended, per ODG's Shoulder Chapter. Similarly, the review article entitled Deep Venous Thromboembolism After Arthroscopy of the Shoulder states that current guidelines do not advise the administration of DVT prophylaxis in shoulder arthroscopy procedures, as transpired here. The attending provider did not outline any applicant-specific rationale which would have made a case for provision of DVT prophylaxis, such as a history of blood dyscrasias, prior DVTs, cancer, etc. The applicant's past medical history was not outlined on any of the progress notes, referenced above. Therefore, the request is not medically necessary.