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| Case Number: | CM14-0188911 | | |
| Date Assigned: | 11/19/2014 | Date of Injury: | 10/05/2012 |
| Decision Date: | 01/15/2015 | UR Denial Date: | 10/29/2014 |
| Priority: | Standard | Application Received: | 11/12/2014 |

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 Minnesota. 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 59 year old male who was injured on 10/5/2012. He underwent arthroscopic subacromial decompression and rotator cuff repair, debridement of the labrum, lateral clavicle resection, and biceps tenodesis with lysis of adhesions of the right shoulder on 2/12/2014. The disputed request pertains to the post-operative rental of a compression device for DVT prevention and cold therapy rental with pad. UR non-certified the request for the compression device based upon the ODG guidelines. The cryotherapy was also non-certified as UR believed it was for a future revision surgery that had not yet been certified. However, based upon the documentation provided, this is a retrospective request for the 2/12/2014 surgery for these devices.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compression device for DVT prevention/cold therapy rental/ cold therapy pad: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Shoulder, Topic: cold compression, venous thrombosis, continuous flow cryotherapy

Decision rationale: The California MTUS guidelines do not address this issue. The ODG guidelines do not recommend cold compression devices after shoulder surgery. Venous thrombosis after shoulder arthroscopy is rare. The incidence is 1 in 1000 cases. Prophylaxis is therefore not recommended. Therefore the cold compression device was not medically necessary. Continuous flow cryotherapy is recommended as an option for 7 days after arthroscopic surgery of the shoulder. It reduces pain, inflammation, swelling, and cuts down the need for narcotics after surgery. Based upon guidelines the combined request as stated for the cold compression device rental and pad for DVT and cold therapy was not medically necessary.