

Case Number:	CM14-0190726		
Date Assigned:	11/24/2014	Date of Injury:	02/13/2012
Decision Date:	04/21/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/14/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 52-year-old male who sustained an industrial injury on 2/13/12. He reported an onset of sharp left shoulder pain while loading cargo onto a plane. The 9/08/14 treating physician report cited continued left shoulder pain, swelling, popping, catching, clicking and grinding. Physical exam documented tenderness over the acromioclavicular (AC) joint, and bicipital groove, pain with apprehension, and positive Jobe's and impingement signs. There was mild to moderate loss of left shoulder range of motion with global 4/5 weakness. Imaging demonstrated a 4 mm paralabral cyst, anterior labral tear, and evidence of impingement with hypertrophic changes of the AC joint and type 3 acromion morphology. The injured worker had failed conservative treatment and surgical intervention was recommended to include left shoulder arthroscopic subacromial decompression and distal clavicle resection. The treatment request included DVT prophylaxis (cold compression unit). The 10/16/14 utilization review non-certified a request for DVT prophylaxis (cold compression unit) as the medical necessity of surgery had not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

DVT Prophylaxis (Cold Compression Unit): 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 Procedure-Continuous-Flow Cryotherapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203-204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder: Cold compression therapy.

Decision rationale: The California MTUS are silent regarding cold compression therapy. Cryotherapy is recommended using standard cold packs. The Official Disability Guidelines do not recommend cold compression therapy in for patients undergoing shoulder surgeries. There is no evidence of improved clinical post-operative outcomes for patients using an active cooling and compression device over those using ice bags and elastic wrap after shoulder surgery. There is no support for continuous flow cryotherapy over standard ice packs for the proposed surgery. There is no compelling reason in the records reviewed to support the medical necessity of a mechanical cold system over standard cold pack in the absence of demonstrated improved clinical efficacy. Therefore, this request is not medically necessary.