

<b>Case Number:</b>	CM15-0007321		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	08/11/2014
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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: New Jersey  
Certification(s)/Specialty: Family Practice

### 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 male injured worker suffered an industrial injury on 8/11/2014. The diagnoses were left shoulder rotator cuff tear, left shoulder impingement syndrome. The treating provider reported the injured worker had left arthroscopy with rotator cuff repair on 12/12/2014. The Utilization Review Determination on 1/6/2015 noncertified DVT Prophylactic Compression Cuffs 21 days rental and suggested Q-Tech Cold therapy Recovery system 21 day rental be modified to 7 days, citing Official Disability Guidelines, shoulder chapter, Venous Thrombosis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DVT (deep vein thrombosis) prophylactic compression cuffs 21 day 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 (ODG), Shoulder Chapter, Venous Thrombosis

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder section, Venous Thrombosis and Compression garments

**Decision rationale:** The MTUS Guidelines do not address deep venous prophylaxis following shoulder surgery. However, the ODG states that it is recommended to monitor risk of perioperative thromboembolic complications in both the acute and subacute postoperative periods for possible treatment of deep vein thrombosis/embolism by providing anticoagulation therapy or compression devices/garments to help lower the risk. The risk for shoulder deep vein thrombosis is much lower than for knee/leg and depends on how invasive the surgery is, how long the immobilization period is, if the patient is identified as having coagulopathy, and whether or not there was use of a central venous catheter. Compression devices/garments are not generally recommended for the shoulder unless significant risk factors are identified. In the case of this worker, there was insufficient evidence to suggest this worker was at an elevated risk for deep vein prophylaxis post-surgically requiring 21 days of a compression device. Therefore, the prophylactic compression cuffs will be considered medically unnecessary.

**Q-Tech cold therapy recovery system 21 day 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 (ODG), Continuous-flow cryotherapy

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Shoulder section, Cold packs and Continuous-flow cryotherapy

**Decision rationale:** The MTUS Chronic Pain Guidelines do not address specifically a water circulating cold/heat pad with pump. The MTUS ACOEM Guidelines mention that at-home local applications of heat or cold for shoulder pain are as effective as those performed by therapists. The ODG also states that cold/heat packs applied at home are recommended as an option for acute shoulder pain for the first few days of acute complaints and thereafter as needed with either heat or cold as needed for acute exacerbations. The ODG also states that continuous-flow cryotherapy is recommended as an option after shoulder surgery up to 7 days, but not for nonsurgical treatment. In the case of this worker, there was enough reason to suggest using continuous flow cryotherapy for up to 7 days. However, the request for 21 days of cryotherapy is not medically necessary following his arthroscopy.