

<b>Case Number:</b>	CM15-0108373		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	06/18/2014
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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: California, Indiana, Oregon  
 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 54 year old female, who sustained an industrial injury on 6/18/14. The injured worker has complaints of right upper extremity and neck pain. The documentation noted on examination sensation is decreased in the right C6, C7 and C8 nerve distribution with radiculopathy. Cervical spine examination reveals that there is tenderness in the neck paraspinal muscles with pain at extremes of all range of motion and evidence of radicular pathology. Right shoulder examination revealed there is mild evidence of scapulothoracic dyskinesia. The diagnoses have included right shoulder partial thickness rotator cuff tear, subacromial impingement syndrome, acromioclavicular joint arthritis and type 11 superior labrum, anterior to posterior tear of the superior labrum and neck pain with right upper extremity radiculopathy. Treatment to date has included magnetic resonance imaging (MRI) of the right shoulder demonstrated evidence of tearing of the superior labrum with moderate acromioclavicular joint arthritis, sub acromial bursitis and partial tearing of the supraspinatus and infraspinatus; physical therapy and cortisone injections. The request was for post-operative hot and cold contrast unit and sequential compression device (SCD) cuff half leg for surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative hot and cold contrast 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 Chapter, Continuous-flow cryotherapy.

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

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of hot/cold therapy. According to ODG, Knee and Leg section, cold/heat packs, hot packs had no beneficial effect on edema compared with placebo or cold application. Based on this the request for contrast unit is not medically necessary.

**SCD cuff half leg for surgery:** 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 Official Disability Guidelines (ODG) shoulder.

**Decision rationale:** CA MTUS/ACOEM is silent on compression garments for DVT prophylaxis. According to ODG, Shoulder section, Compression garments, "Not generally recommended in the shoulder. Deep venous thrombosis and pulmonary embolism events are common complications following lower-extremity orthopedic surgery, but they are rare following upper-extremity surgery, especially shoulder arthroscopy. It is still recommended to perform a thorough preoperative workup to uncover possible risk factors for deep venous thrombosis/ pulmonary embolism despite the rare occurrence of developing a pulmonary embolism following shoulder surgery. Mechanical or chemical prophylaxis should be administered for patients with identified coagulopathic risk factors." In this case, there is no evidence of risk factor for DVT in the clinical records submitted. Based on this the request is not medically necessary.