

Case Number:	CM15-0125037		
Date Assigned:	07/09/2015	Date of Injury:	12/09/2014
Decision Date:	11/24/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	06/29/2015

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: 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:

This injured worker is a 44-year-old male who sustained an industrial injury on 12/9/14. Injury occurred while he was working the milk line and a 65-pound milk case fell from the top to the floor. He tried to catch the case to keep it from falling and felt a sharp pain and pop in his left shoulder. Past medical and surgical history was reported as negative. Social history documented the injured worker was a current ½ pack per day smoker. Conservative treatment had included injection, physical therapy, medications, hot/cold packs, and activity modification. The 4/23/15 left shoulder MR arthrogram impression documented evidence of an old Hill-Sachs lesion and osseous Bankart lesion consistent with prior history of dislocation. There were post-operative changes and fraying of the anterior to anterior inferior labrum and trace contrast extension along the base of the superior and posterosuperior labrum consistent with a small labral tear. There was mild supraspinatus tendinosis, mild interstitial tearing of the subscapularis tendon, and low grade partial thickness articular surface tearing of the infraspinatus tendon. There were mild degenerative changes of the acromioclavicular (AC) joint. The 6/11/15 treating physician report cited persistent left shoulder symptoms following a corticosteroid injection. Left shoulder exam documented mild restriction in forward flexion and abduction pain at end-range motion. Hawkin's, Neer, Speed's and O'Brien's tests were all positive. The diagnosis included left shoulder labral tearing, partial thickness rotator cuff tear, subacromial impingement syndrome, and AC joint arthritis. The treatment plan recommended left shoulder arthroscopy with possible rotator cuff repair, possible labral repair, subacromial decompression, and Mumford procedure. Authorization was also requested for pre-op medical clearance with labs and EKG, 12 visits of

post-operative therapy, arm sling, 7 day rental of a hot cold unit, and segmental compression device cuff half leg out. The 6/23/15 utilization review certified the requests for left shoulder arthroscopy with possible rotator cuff repair, possible labral repair, subacromial decompression, and Mumford procedure with pre-op medical clearance, pre-op labs and EKG, arm sling, and 12 visits of post-operative physical therapy. The request for a hot/cold unit was modified to a 7-day rental of a continuous cryotherapy unit. The request for a segmental compression device with cuff half leg out was non-certified. The utilization review rationales were not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot/cold unit: 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) Shoulder: Continuous-flow cryotherapy.

Decision rationale: The California MTUS are silent regarding hot/cold therapy devices. The Official Disability Guidelines recommend continuous flow cryotherapy as an option after shoulder surgery for up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage. The use of a cold therapy unit would be reasonable for 7 days post-operatively consistent with the 6/23/15 utilization review modification. However, this request is for an unknown length of use, which is not consistent with guidelines. Therefore, this request is not medically necessary.

Segmental compression device cuff half leg out: 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) Shoulder: Deep vein thrombosis (DVT); Venous Thrombosis.

Decision rationale: The California MTUS guidelines are silent with regard to deep vein thrombosis (DVT) prophylaxis. The Official Disability Guidelines (ODG) recommends identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures, such as consideration for anticoagulation therapy. The administration of DVT prophylaxis is not generally recommended in upper extremity procedures. Guideline criteria have not been met. There are limited DVT risk factors identified for this patient. There is no documentation that anticoagulation therapy would be contraindicated, or standard compression stockings insufficient, to warrant the use of mechanical prophylaxis. Therefore, this request for DVT (deep vein thrombosis) prophylaxis is not medically necessary.