

Case Number:	CM15-0148076		
Date Assigned:	08/11/2015	Date of Injury:	03/18/2014
Decision Date:	09/09/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	07/30/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 55 year old female, who sustained an industrial injury on 3-18-2014. She had complaints of left shoulder pain and had arthroscopic surgery on 6-25-2015. Diagnoses include: bilateral shoulder impingement syndrome and left shoulder partial rotator cuff tear. Treatment to date included diagnostics, medication, physical therapy, cortisone injections and left shoulder surgery. Many documents within the medical records given are handwritten. Progress report dated 6-17-15 reports increased pain in left shoulder requiring an increase in pain medication. Progress report dated 7-7-15 reports follow up post-op left shoulder surgery. Work status remains off work totally disabled until 8-25-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

CTU contrast comp therapy Thermacare for the left shoulder for 30 days: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Cold Compression Therapy Section Knee Chapter/DVT Prophylaxis.

Decision rationale: The MTUS Guidelines do not address the use of cold compression therapy for the shoulder. The ODG does not recommend the use of cold compression therapy for the shoulder as there are no published studies. The MTUS guidelines do not address the use of pneumatic compression devices for the prevention of venous thrombosis. The ODG recommends identifying subjects who are at high risk of developing venous thrombosis and providing prophylactic measures. Mechanical methods do reduce the risk of deep vein thrombosis, but there is no evidence that they reduce the main threat, the risk of pulmonary embolism, fatal pulmonary embolism, or total mortality. In contrast, pharmacological methods significantly reduce all of these outcomes. There are options of pharmacological methods that are used post-surgically. Deep venous thrombosis, venous stasis and/or lymphedema is considered low risk for upper extremities for distal surgeries. There is no rationale in the available documentation to approve this request. The request for CTU contrast comp therapy Thermacare for the left shoulder for 30 days is determined to not be medically necessary.