

Case Number:	CM15-0187157		
Date Assigned:	09/29/2015	Date of Injury:	11/18/2014
Decision Date:	11/10/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/23/2015

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: Texas, New York, 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of November 18, 2014. In a Utilization Review report dated August 19, 2015, the claims administrator failed to approve a request for a thermocompression unit apparently prescribed and/or dispensed on or around July 22, 2015. The claims administrator referenced a July 22, 2015 date of service and RFA form received on August 10, 2015 in its determination. The applicant's attorney subsequently appealed. On an RFA form dated June 30, 2015, authorization was sought for a thermo compression unit for a 21-day rental. On July 22, 2015, the applicant underwent a right shoulder arthroscopy, subacromial decompression, and acromioplasty procedure to ameliorate a postoperative diagnosis of shoulder impingement syndrome and shoulder full thickness rotator cuff tear involving the supraspinatus.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for thermal compression unit, 21 day rental, post-op, dispensed 7/22/15: 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 Disorders, Cold compression therapy Shoulder Disorders, Continuous-flow cryotherapy Shoulder Disorders, Venous thrombosis and Other Medical Treatment Guidelines http://www.thermotekusa.com/md_vascutherm.php Compression and Localized Thermal Therapy Device with DVT Prophylaxis Therapy Modality Compression - Device with various wraps for arm, leg, etc. Alternating / Intermittent Compression between 35mmHg and 15mmHg Localized thermal therapy (hot or cold) for post traumatic and post surgical conditions Contrast Therapy - Automatically alternates from hot to cold therapy (20 minutes at 49° F and 10 minutes at 105° F repeating continuously). For pain management. Combined with compression to enhance thermal transfer. DVT Prophylaxis - Decrease the risk of deep venous thrombosis (DVT). Primarily post surgical.

Decision rationale: No, the request for a thermal compression unit-21-day rental-dispensed on July 22, 2015 was not medically necessary, medically appropriate, or indicated here. The request in question was framed as a request for a postoperative thermal compression unit rental following shoulder surgery of July 22, 2015. Per the product description, the device in question represented a means of delivering compression therapy, cryotherapy, and DVT prophylaxis following the shoulder surgery in question. The MTUS does not address the topic. ODG's Shoulder Chapter Cold Compression Therapy topic, however, notes that compression therapy, one of the modalities of the device in question is not recommended in the shoulder. 21-day rental of the device also represented treatment in excess of the seven days of postoperative usage role for which ODG's Shoulder Chapter recommends continuous flow cryotherapy, another modality of the device. ODG's Shoulder Chapter Venous Thrombosis topic also notes that the administration of DVT prophylaxis is "not generally recommended" in shoulder arthroscopy procedures, as the incidence of developing a DVT following the same is "very rare." Here, the attending provider failed to furnish any evidence of applicant-specific risk factors (such as prior DVT) which would have compelled provision of the DVT prophylaxis component of the device. Since the cold compression therapy component of the device, the continuous flow cryotherapy component of the device, and the DVT prophylaxis component of the device were all not indicated for 21 days of postoperative use, per ODG, the entire request was not indicated. Therefore, the request was not medically necessary.