

<b>Case Number:</b>	CM15-0200116		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	04/13/2015
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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, California 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:

This is a 51 year old male patient who sustained an industrial injury on 4-13-15. A review of the medical records indicates he is undergoing treatment for diabetes mellitus, type II, hypertension, massive retracted right shoulder rotator cuff tear with early atrophy, and AC joint hypertrophic changes with chronic impingement bursitis, massive rotator cuff tear with acute and chronic rotator cuff pathology and tearing right shoulder. On the 9/15/15, the patient presented for first post-op visit. Per the orthopedic evaluation dated 8-4-15, he had complaints of right shoulder pain, rating "8 out of 10". The physical exam revealed right shoulder forward elevation at "95" with pain, abduction at "105" with pain. O'Brien's, Neer's, and Hawkin's tests positive, 4/5 weakness noted in abduction and forward flexion, pain with resisted abduction and resisted forward flexion. The patient has tried medications including Norco, Tylenol, flexeril and tramadol. He had an MRI of the right shoulder dated 5/7/15 which revealed evidences of massive rotator cuff tear. Treatment recommendations include a right shoulder arthroscopy, decompression, debridement, possible Mumford with rotator cuff repair, possible biceps tenodesis. He has undergone right shoulder arthroscopic surgery with rotator cuff repair on 9-4-15. The utilization review (9-22-15) includes a retroactive request for cold compression VascuTherm unit x14 days and cold compression pad purchase. The request was modified to a generic cryotherapy unit rental x7 days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective post-op cold compression Vascutherm unit x 14 days (DOS 09/04/2015):**  
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/ Shoulder ; ODG Compression garment shoulder; Aetna.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Shoulder (updated 10/26/15), Cold compression therapy, and Continuous-flow cryotherapy, Chapter: Knee and Leg (updated 07/10/15), Game Ready accelerated recovery system, Continuous-flow cryotherapy.

**Decision rationale:** Vascutherm cold compression is a thermal compression unit. Per the cited guidelines cold compression therapy is "not recommended in the shoulder, as there are no published studies. It may be an option for other body parts. See the Game Ready accelerated recovery system in the Knee Chapter. The Game Ready device provides both active, continuous cold and intermittent, pneumatic compression to the post-op joint. There has been an RCT underway since 2008 to evaluate and compare clinical post-operative outcomes for patients using an active cooling and compression device (Game Ready), and those using ice bags and elastic wrap after acromioplasty or arthroscopic rotator cuff repair, but the results are not available. (NCT, 2013) "Per the cited guidelines, "The system combines Continuous-flow cryotherapy with the use of vaso-compression. While there are studies on Continuous-flow cryotherapy, there are no published high quality studies on the Game Ready device or any other combined system." The requested device combines cold therapy with compression and there are no published high quality studies on this kind of combined system for this diagnosis. Cited guidelines recommend a cold therapy unit only for 7 days post operatively. The medical necessity of Retrospective post-op cold compression Vascutherm unit x 14 days (DOS 09/04/2015) was not established for this patient.

**Retrospective post-op purchase of cold compression pad (DOS 09/04/2015):** 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/Shoulder ; ODG Compression garment shoulder; Aetna.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Shoulder (updated 10/26/15), Cold compression therapy, Continuous-flow cryotherapy compression garments.

**Decision rationale:** Per the cited guidelines regarding 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. (Edgar, 2012) Although variability exists in the reported incidence of VTE, surgeons should still be aware of the potential for this serious complication after shoulder arthroplasty. (Saleh, 2013) Available evidence suggests a low incidence, but the final decision to consider thromboprophylaxis rests with the operating surgeon. (Madhusudhan, 2013)"Per the cited guidelines Cold compression therapy is "not recommended in the shoulder, as there are no published studies..." The vascultherm unit combines cold therapy with compression and there are no published high quality studies on this kind of combined system for this diagnosis. Cited guidelines recommend a cold therapy unit only for 7 days post operatively. As the medical necessity of cold compression vascultherm unit is not fully established, the medical necessity of accessories that go with it cold compression pad is also not fully established. The medical necessity of Retrospective post-op purchase of cold compression pad (DOS 09/04/2015) was not established for this patient. The request is not medically necessary.