

<b>Case Number:</b>	CM15-0202574		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	09/17/2014
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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 50-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of December 17, 2014. In a Utilization Review report dated October 1, 2015, the claims administrator failed to approve requests for a cooling system, DVT device 4-week rental, and pneumatic pressure device purchase. A September 24, 2015 date of service was referenced in the determination. The claims administrator framed the request as a request for postoperative appliances following a shoulder arthroscopy procedure. On September 24, 2015, the applicant underwent a left shoulder arthroscopy-shoulder decompression procedure. On October 24, 2015, the attending provider stated that the applicant had had developed no postoperative complications following earlier shoulder arthroscopy. Physical therapy was endorsed while the applicant was placed off of work, on total temporary disability. An August 12, 2015 mental health note made no mention of the applicant's having had issues with a prior DVT or neoplasm. On September 16, 2015, the applicant was described as having no significant past medical history. The applicant was status post a C-section and a tubal ligation, it was reported.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Cooling system: four week rental DOS: 9/24/2015: 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) Shoulder (updated 9/8/2015) 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) Shoulder Disorders, Continuous-flow cryotherapy and Other Medical Treatment Guidelines ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Shoulder Disorders, pg. 96 CRYOTHERAPIES.

**Decision rationale:** No, the request for a cooling system 4-week rental was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of postoperative cryotherapy devices following shoulder surgery, as transpired here. While the Third Edition ACOEM Guidelines Shoulder Disorders Chapter does acknowledge that cryotherapies such as the cooling system in question are recommended in the treatment of perioperative shoulder pain, here, however, the request for a 4-week rental of the cooling system in question represented treatment in excess of the perioperative window for which cryotherapy devices are recommended, per the Third Edition ACOEM Guidelines and also in excess of the 1-week of postoperative use for which continuous-cooling devices are recommended, per ODGs Shoulder Chapter Continuous-flow Cryotherapy topic. Therefore, the request was not medically necessary.

**Retrospective IPC DVT Therapy device: four weeks rental DOS: 9/24/2015:** 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) Shoulder (updated 9/8/2015).

**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, Venous thrombosis.

**Decision rationale:** Similarly, the request for an IPC-DVT therapy device-4-week rental-was likewise not medically necessary, medically appropriate, or indicated here. As with the preceding request, the MTUS does not address the topic of postoperative DVT prophylaxis following shoulder arthroscopy surgery, as seemingly transpired here. However, ODGs Shoulder Chapter Venous Thrombosis topic notes that the administration of DVT prophylaxis is not generally recommended in shoulder arthroscopy procedures in light of the fact that development of a DVT following shoulder arthroscopy is very rare. Here, a September 16, 2015 office visit stated that the applicant had no significant past medical history. The applicant was a non-smoker, it was

reported. There was no mention of the applicant's having issues with a prior DVT, neoplasm, personal or familial history of blood dyscrasias, etc., which would have compelled a variance from the ODG position. Therefore, the request was not medically necessary.

**Retrospective Bilateral pressure pneumatic appliance: purchase DOS: 9/24/2015: 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) Shoulder (updated 9/8/2015) Compression garments.

**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, Venous thrombosis.

**Decision rationale:** Similarly, the request for a bilateral pressure pneumatic compression device purchase was likewise not medically necessary, medically appropriate, or indicated here. This request represents a request for a pneumatic compression device to be employed in conjunction with a DVT therapy device sought above, in question #2. Since that request was deemed not medically necessary, the derivative or companion request for an associated pneumatic appliance was likewise not indicated. Therefore, the request was not medically necessary.