

Case Number:	CM15-0209946		
Date Assigned:	10/28/2015	Date of Injury:	08/05/2014
Decision Date:	12/10/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/26/2015

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: Physical Medicine & Rehabilitation

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 48 year old female, who sustained an industrial injury on 08-05-2014. She has reported injury to the right shoulder. The diagnoses have included right shoulder rotator cuff tear, right shoulder subacromial impingement syndrome, status post right shoulder arthroscopy, with subacromial decompression, and rotator cuff repair, on 09-15-2015, and rule out right carpal tunnel syndrome. Treatment to date has included medication, diagnostics, and activity modification. Medications have included Diclofenac and Norco. A progress note from the treating physician, dated 07-28-2015, documented a follow-up visit with the injured worker. The injured worker reported symptoms are slightly worse since the last visit, she reports constant right shoulder pain, rated at 6 out of 7 in intensity, and right wrist pain, rated at 7 out of 10 in intensity. Objective findings included there is weakness with flexion, adduction, and external rotation of the right shoulder, drop arm test, Neer's impingement test, Hawkins-Kennedy impingement test are positive on the right, exam of the right hand-wrist shows positive Durkan's median compression test, the Katz Hand Diagram score reveals classic patterns of right carpal tunnel syndrome, and sensory exam shows that there is diminished light touch in the right median nerve distribution. The treatment plan has included the retrospective request for use of cold therapy DVT compression unit x1 month rental, date of service: 09-15-15, prospective request for cold therapy unit DVT compression unit (rental or purchase), and retrospective request for use of the cold therapy DVT compression wrap, date of service: 10-12-15. The original utilization review, dated 08-24-2015, non-certified the retrospective request for use of cold therapy DVT compression unit x1 month rental, date of service: 09-15-15, prospective

request for cold therapy unit DVT compression unit (rental or purchase), and retrospective request for use of the cold therapy DVT compression wrap, date of service: 10-12-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for use of cold therapy DVT compression unit x1 month rental DOS 09/15/15: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

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, pages 909-910; Venous Thrombosis (knee), page 356-358.

Decision rationale: Review indicates the patient is s/p status post right shoulder arthroscopy, with subacromial decompression, and rotator cuff repair, on 09-15-2015 with retrospective and prospective requests for cold therapy DVT compression unit for 1 month rental with wrap. The Cold therapy DVT system delivers pneumatic compression via calf wraps aiding venous return. During the weeks following surgery, mobility is an issue, making the vascutherm unit necessary in preventing any risk of DVT developing while being immobile for multiple hours at a time. The device provides DVT prophylaxis for post-operative orthopedic patients. The patient underwent right shoulder arthroscopic surgery; however, the provider does not identify any specific risk factors for DVT prophylaxis. Per Guidelines, although DVT prophylaxis is recommended to prevent veno-thromboembolism (VTE) for patient undergoing knee or hip arthroplasty, it is silent on its use for shoulder arthroscopic SAD surgery. Some identified risk factors identified include lower limb surgeries, use of hormone replacement therapy or oral contraceptives, and obesity, none of which apply in this case. Submitted reports have not demonstrated factors meeting criteria especially rehabilitation to include mobility and exercise are recommended post-shoulder surgical procedures as a functional restoration approach towards active recovery. Additionally, MTUS Guidelines is silent on specific use of cold compression therapy with pad and wrap, but does recommend standard cold pack for post exercise. ODG Guidelines specifically addresses the short-term benefit of cryotherapy post-surgery; however, limits the use for 7-day post-operative period as efficacy has not been proven after. Submitted reports have not adequately demonstrated indication, clinical findings, post-operative complications, or co-morbidities to support the system beyond guidelines criteria with one month rental. The Retrospective request for use of cold therapy DVT compression unit x1 month rental DOS 09/15/15 is not medically necessary or appropriate.

Prospective request for cold therapy unit DVT compression unit (rental or purchase): Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

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, pages 909-910; Venous Thrombosis (knee), page 356-358.

Decision rationale: Review indicates the patient is s/p status post right shoulder arthroscopy, with subacromial decompression, and rotator cuff repair, on 09-15-2015 with retrospective and prospective requests for cold therapy DVT compression unit for 1 month rental with wrap. The Cold therapy DVT system delivers pneumatic compression via calf wraps aiding venous return. During the weeks following surgery, mobility is an issue, making the vascultherm unit necessary in preventing any risk of DVT developing while being immobile for multiple hours at a time. The device provides DVT prophylaxis for post-operative orthopedic patients. The patient underwent right shoulder arthroscopic surgery; however, the provider does not identify any specific risk factors for DVT prophylaxis. Per Guidelines, although DVT prophylaxis is recommended to prevent veno-thromboembolism (VTE) for patient undergoing knee or hip arthroplasty, it is silent on its use for shoulder arthroscopic SAD surgery. Some identified risk factors identified include lower limb surgeries, use of hormone replacement therapy or oral contraceptives, and obesity, none of which apply in this case. Submitted reports have not demonstrated factors meeting criteria especially rehabilitation to include mobility and exercise are recommended post-shoulder surgical procedures as a functional restoration approach towards active recovery. Additionally, MTUS Guidelines is silent on specific use of cold compression therapy with pad and wrap, but does recommend standard cold pack for post exercise. ODG Guidelines specifically addresses the short-term benefit of cryotherapy post-surgery; however, limits the use for 7-day post-operative period as efficacy has not been proven after. Submitted reports have not adequately demonstrated indication, clinical findings, post-operative complications, or co-morbidities to support the system beyond guidelines criteria with rental/purchase. The Prospective request for cold therapy unit DVT compression unit (rental or purchase) is not medically necessary or appropriate.

Retrospective request for use of the cold therapy DVT compression wrap DOS 09/15/2015:
Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

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, pages 909-910; Venous Thrombosis (knee), page 356-358.

Decision rationale: Review indicates the patient is s/p status post right shoulder arthroscopy, with subacromial decompression, and rotator cuff repair, on 09-15-2015 with retrospective and prospective requests for cold therapy DVT compression unit for 1 month rental with wrap. The Cold therapy DVT system delivers pneumatic compression via calf wraps aiding venous return. During the weeks following surgery, mobility is an issue, making the vascultherm unit necessary in preventing any risk of DVT developing while being immobile for multiple hours at a time. The device provides DVT prophylaxis for post-operative orthopedic patients. The patient underwent right shoulder arthroscopic surgery; however, the provider does not identify any specific risk factors for DVT prophylaxis. Per Guidelines, although DVT prophylaxis is

recommended to prevent veno-thromboembolism (VTE) for patient undergoing knee or hip arthroplasty, it is silent on its use for shoulder arthroscopic SAD surgery. Some identified risk factors identified include lower limb surgeries, use of hormone replacement therapy or oral contraceptives, and obesity, none of which apply in this case. Submitted reports have not demonstrated factors meeting criteria especially rehabilitation to include mobility and exercise are recommended post-shoulder surgical procedures as a functional restoration approach towards active recovery. Additionally, MTUS Guidelines is silent on specific use of cold compression therapy with pad and wrap, but does recommend standard cold pack for post exercise. ODG Guidelines specifically addresses the short-term benefit of cryotherapy post-surgery; however, limits the use for 7-day post-operative period as efficacy has not been proven after. Submitted reports have not adequately demonstrated indication, clinical findings, post-operative complications, or co-morbidities to support the system beyond guidelines criteria with rental/purchase. The Retrospective request for use of the cold therapy DVT compression wrap DOS 09/15/2015 is not medically necessary or appropriate.