

Case Number:	CM15-0217499		
Date Assigned:	11/09/2015	Date of Injury:	07/24/2014
Decision Date:	12/24/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/04/2015

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 43-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of July 24, 2014. In a Utilization Review report dated October 26, 2015, the claims administrator failed to approve a request for an intermittent pneumatic compression and cold therapy rental device 28-day rental. The claims administrator referenced office visits of October 14, 2015, September 1, 2015 and August 18, 2015 in its determination. The applicant's attorney subsequently appealed. On October 5, 2015, the applicant underwent a right shoulder arthroscopy, acromioplasty, joint debridement and distal claviclectomy to ameliorate a preoperative diagnosis of right shoulder impingement syndrome with AC joint arthritis. On October 13, 2015, the treating provider reported that the applicant was neurologically normal status post earlier shoulder surgery. The applicant was apparently asked to pursue physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intermittent Pneumatic Compression Cold Therapy unit, 28 day rental - game ready):
 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 units.

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.

Decision rationale: No, the request for an intermittent pneumatic compression device/cold therapy unit rental-28 -days-was not medically necessary, medically appropriate, or indicated here. The request in question was framed as a request for postoperative DVT prophylaxis device/continuous cryotherapy device following earlier shoulder arthroscopy of October 5, 2015. The MTUS does not address the topic. ODGs Shoulder Chapter Cold Compression Therapy topic notes that cold compression therapy is not recommended in the shoulder. ODGs Shoulder Chapter Continuous Flow Cryotherapy topic likewise notes that continuous cooling devices are recommended as an option for up to 7 days of postoperative treatment. Here, the request for cold compression therapy for 28 days was at odds with and/or represent treatment in excess of ODG parameters. Finally, ODGs Shoulder Chapter Venous Thrombosis topic likewise notes that DVT incident is very rare after shoulder arthroscopy and also notes that the administration of DVT prophylaxis is not generally recommended after shoulder arthroscopy procedures, as seemingly transpired here. There was, moreover, no mention of the applicant's having individual- specific risk factors such as a prior DVT, neoplasm, blood dyscrasias, etc., which would have compelled a variance from the guideline. Since multiple comorbidities in the device were not recommended, the entire device was not recommended. Therefore, the request was not medically necessary.