

Case Number:	CM15-0031600		
Date Assigned:	02/24/2015	Date of Injury:	12/26/2013
Decision Date:	04/06/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/19/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 injured worker is a 61 year old male who sustained an industrial injury on 12/26/13. He currently complains of ongoing left shoulder pain and weakness. Medications include Norco, trazadone. Diagnoses include status post left shoulder arthroscopic rotator cuff repair (2/14) (12/15/14); left knee sprain; left knee degenerative arthritis with lateral meniscus tear; recurrent left shoulder rotator cuff tear. In the progress note dated 12/3/14 the treating provider is recommending water circulating heat and cold unit to be used at home for 35 days to prevent post-operative swelling and to decrease pain. On 2/11/15 Utilization Review non-certified the requests for Thermacure 30 day rental and Thermacure Pad (purchase) citing ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thermacure (30 Day Rental): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Continuous cryotherapy unit, DVT, Compression garment.

Decision rationale: Pursuant to the Official Disability Guidelines, Thermacure contrast compression therapy units, 30-day rental is not medically necessary. Thermacure contrast compression therapy units provide sustained cold/heat/compression therapy to reduce pain, swelling and inflammation. The guidelines recommend monitoring risk of perioperative thromboembolic complications in both the acute and subacute postoperative periods for possible treatment, and identifying subjects who are at high risk of developing venous thrombosis. In the shoulder, risk is lower than in the knee and depends upon the invasiveness of the surgery, the postoperative immobilization and the use of central venous catheters. Continuous flow cryotherapy is recommended as an option after surgery. Postoperative use may be up to seven days, including home use. In this case, the injured worker's working diagnoses are left shoulder rotator cuff tear; recurrent left shoulder rotator cuff tear; left knee degenerative arthritis lateral meniscus tear; left knee sprain, removed; status post left shoulder arthroscopic rotator cuff repair and possible Mumford procedure. The documentation does not contain any risk factors for deep vein thrombosis (DVT). The risk for DVT is lower in shoulder surgery than for surgery involving the knee or lower extremity. The risk depends upon the invasiveness of the surgery, the postoperative immobilization and the use of central venous catheters. There are no additional anticipated risk factors for DVT enumerated by the treating physician. The injured worker will be ambulatory postoperative with shoulder immobilization. Continuous flow cryotherapy (the cold therapy modality) is indicated for up to seven days. The treating physician indicated use for 35 days. This is in excess of the recommended guidelines. Consequently, absent clinical documentation adhering to the guideline recommendations, Thermacure contrast compression therapy units, and 30-day rental is not medically necessary.

Thermacure Pad (Purchase): 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) Pain section, Continuous cryotherapy unit, DVT, Compression garment.

Decision rationale: Pursuant to the Official Disability Guidelines, Thermacure pad for purchase is not medically necessary. Thermacure contrast compression therapy units provide sustained cold/heat/compression therapy to reduce pain, swelling and inflammation. The guidelines recommend monitoring risk of perioperative thromboembolic complications in both the acute and subacute postoperative periods for possible treatment, and identifying subjects who are at high risk of developing venous thrombosis. In the shoulder, risk is lower than in the knee and depends upon the invasiveness of the surgery, the postoperative immobilization and the use of central venous catheters. Continuous flow cryotherapy is recommended as an option after surgery. Postoperative use may be up to seven days, including home use. In this case, the injured worker's working diagnoses are left shoulder rotator cuff tear; recurrent left shoulder rotator cuff

tear; left knee degenerative arthritis lateral meniscus tear; left knee sprain, removed; status post left shoulder arthroscopic rotator cuff repair and possible Mumford procedure. The documentation does not contain any risk factors for deep vein thrombosis thrombosis (DVT). The risk for DVT is lower in shoulder surgery then for surgery involving the knee or lower extremity. The risk depends upon the invasiveness of the surgery, the postoperative immobilization and the use of central venous catheters. There are no additional anticipated risk factors for DVT enumerated by the treating physician. The injured worker will be ambulatory postoperative with shoulder immobilization. Continuous flow cryotherapy (the cold therapy modality) is indicated for up to seven days. The treating physician indicated use for 35 days. This is in excess of the recommended guidelines. Absent clinical documentation adhering to the guideline recommendations, Thermacure contrast compression therapy units, 30-day rental is not medically necessary. Consequently, the Thermacure pad for purchase is not medically necessary.