

Case Number:	CM14-0089444		
Date Assigned:	07/23/2014	Date of Injury:	12/09/2013
Decision Date:	10/08/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/13/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 57 year-old male who reported a work related injury on 12/09/2013. The mechanism of injury reportedly occurred when the injured worker took a heavy cage down and it fell, yanking his right arm and shoulder, and he felt pulling in his right shoulder. The injured worker's diagnoses consisted of right shoulder impingement syndrome with partial thickness, and right elbow lateral epicondylitis. The past treatment has included therapy, medication, activity modification, an EMG and NCV, and subacromial steroid injections. An MRI dated 01/30/2014 revealed a fluid cleft compatible with partial full-thickness tear of the posterior and mid supraspinatus fibers superimposed on mild tendinosis and mild acromioclavicular arthritis with subacromial bursitis. Another MRI was performed to the cervical spine which revealed multilevel degenerative disc disease from C3-4 through C6-7 with posterior disc protrusion results in mild to moderate central spinal stenosis and multilevel neural foraminal narrowing. There were no prescribed medications provided for review. Upon examination on 05/12/2014, the injured worker complained he did not move his arm and that arm pain was tolerable but any kind of motion even daily living caused pain. It was noted that there was crepitus with range of motion to the right shoulder with a positive impingement sign. There was weakness to the right shoulder abduction and external rotation. The provider recommended proceeding with surgery. The treatment plan consisted of a DVT unit and a motorized cold therapy unit post-surgery. The rationale for the request and the request for authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

DVT Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Shoulder

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Venous Thrombosis.

Decision rationale: The request for a DVT Unit is not medically necessary. The Official Disability Guidelines state for "venous thrombosis, recommend monitoring risk of perioperative thromboembolic complications in both the acute and subacute postoperative periods for possible treatment, and identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy." In the shoulder, risk is lower than in the knee and depends on invasiveness of the surgery. An uncomplicated shoulder arthroscopy would be low risk. Upper extremity deep vein thrombosis (UEDVT) may go undetected since the problem is generally asymptomatic. However, the administration of DVT prophylaxis is not generally recommended in shoulder arthroscopy procedures. The injured worker has been approved to undergo right shoulder arthroscopy. However a DVT unit for the shoulder is not recommended for arthroscopy procedures. Additionally, documentation does not show evidence of the injured worker being at a high risk for developing venous thrombosis that would require a DVT unit as an additional intervention post-operatively. As such, the request for a DVT unit is not medically necessary.

Motorized Cold Therapy Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Shoulder

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.

Decision rationale: The request for a motorized cold therapy unit is not medically necessary. The Official Disability Guidelines do recommend continuous-flow cryotherapy as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries such as muscle strains and contusions has not been fully evaluated. Continuous-flow cryotherapy units provide regulated temperatures through use of power to circulate ice water in the cooling packs. The injured worker has been approved for a right shoulder arthroscopy. Therefore, a continuous flow cryotherapy unit would be supported to decrease pain, inflammation, swelling and narcotic use. However, the duration of time the unit would be used was not specified in the request. As such, the request for a motorized cold therapy unit is not medically necessary.

