

Case Number:	CM14-0218335		
Date Assigned:	01/08/2015	Date of Injury:	04/02/2013
Decision Date:	03/10/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a male who suffered an industrial related injury on 4/2/13. A physician's report dated 9/30/14 noted the injured worker was post left shoulder diagnostic and operative arthroscopy, subacromial decompression, debridement, and distal clavicle excision on 6/20/14. The injured worker had completed 12 physical therapy sessions. The physical examination of the left shoulder revealed well healed arthroscopic portals. Range of motion was 0-145 degrees of forward flexion, abduction, and internal rotation to the SI joint. Strength was 3/5 in all planes. The injured worker was temporarily totally disabled. On 12/4/14 the utilization review (UR) physician denied the request for a game ready system rental x14 with game ready shoulder wrap. The UR physician noted there was no indication that the injured worker was at high risk for venous thrombosis to support the need for a compression device. Therefore the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Game ready system rental x 14 days with game ready shoulder wrap for the left shoulder:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Shoulder Procedure Summary (updated 8/27/14); Arthroscopy. 2011 Dec;27(12):1614-9. Thromboembolic phenomena after arthroscopic shoulder surgery. Kurensky MA, Cain EL Jr, Fleischli JE.; JT Comm J Qual Patient Sat. 2011 Apr;37(4):178-83. Venour thromboembolism prophylaxis in surgical patients: identifying a patient group to maximize performance improvement. Weigelt JA, Lal A, Riska R (last updated 4/1/11)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder, Cold compression therapy <http://www.gameready.com/professional-cold-compression-wraps>

Decision rationale: ODG states 'Not recommended in the shoulder, as there are no published studies. It may be an option for other body parts. See the Game Ready accelerated recovery system in the Knee Chapter. The Game Ready device provides both active, continuous cold and intermittent, pneumatic compression to the post-op joint. There has been an RCT underway since 2008 to evaluate and compare clinical post-operative outcomes for patients using an active cooling and compression device (Game Ready), and those using ice bags and elastic wrap after acromioplasty or arthroscopic rotator cuff repair, but the results are not available. (NCT, 2013).' Guidelines recommend against the use of a game ready unit for the shoulder. As such the request for Game ready system rental x 14 days with game ready shoulder wrap for the left shoulder is not medically necessary.