

<b>Case Number:</b>	CM15-0015553		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	05/05/2010
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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: Minnesota, Florida  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 59 year old male, who sustained an industrial injury on 5/5/10. He has reported right shoulder injury. The diagnoses have included impingement of right shoulder, bursitis of the right shoulder, rotator cuff tendinitis, acromioclavicular synovitis and arthritis. Treatment to date has included right shoulder arthroscopy surgery was performed on 11/7/14. (MRI) magnetic resonance imaging of right shoulder revealed partial thickness tear of the longitudinal portion of the biceps tendon and superior labral tear propagation from the posterosuperior to the anteroinferior position with diffuse glenohumeral osteoarthritis of right shoulder. Currently, the injured worker complains of increasing discomfort of the right shoulder. Right shoulder arthroscopy surgery was performed on 11/7/14. On 1/2/15 Utilization Review non-certified compression therapy wrap 11/7/14 and purchase vascutherm cold compression device 11/7/14, noting cold compression therapy and compression garments are not generally recommended for the shoulder as deep venous thrombosis events are rare following upper-extremity surgery. The ODG was cited. On 1/27/15, the injured worker submitted an application for IMR for review of compression therapy wrap 11/7/14 and purchase vascutherm cold compression device 11/7/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**14 day rental of Vascutherm Cold Compression Device for the right shoulder provided on date of service: 11/07/14: 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), Shoulder

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines, Section: Shoulder, Topic: Cold compression.

**Decision rationale:** ODG guidelines indicate cold compression therapy is not recommended in the shoulder as there are no published studies. It may be an option for other body parts. Deep vein thrombosis and pulmonary embolism events are common complications following lower extremity orthopedic surgery but they are rare following upper extremity surgery, especially shoulder arthroscopy. The incidence is 1 in 1000. Therefore prophylaxis is not recommended. Mechanical or chemical prophylaxis should be administered for patients with identified coagulopathic risk factors. The documentation submitted does not indicate risk factors for deep vein thrombosis. As such, the request for 14 day rental of Vascutherm Cold Compression Device for the right shoulder is not supported and the medical necessity of the request is not substantiated.

**Purchase of compression therapy wrap, provided on date of service: 11/07/14: 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), Shoulder

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Section: Shoulder, Topic: Compression garments

**Decision rationale:** ODG guidelines indicate. compression garments are not generally recommended for shoulder arthroscopy. Deep vein thrombosis and pulmonary embolism events are common complications following lower extremity orthopedic surgery but they are rare following upper extremity surgery, especially shoulder arthroscopy. The incidence is 1 in 1000. Therefore prophylaxis is not recommended. Mechanical or chemical prophylaxis should be administered for patients with identified coagulopathic risk factors. The documentation submitted does not indicate risk factor for deep vein thrombosis. As such, the request for compression garments is not supported and the medical necessity of the request is not substantiated.