

Case Number:	CM13-0008480		
Date Assigned:	03/24/2014	Date of Injury:	05/21/2011
Decision Date:	09/05/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/12/2013

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of May 25, 2011. Thus far, the applicant has been treated with Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; shoulder MRI imaging of February 19, 2013, notable for a partial thickness supraspinatus tendon tear with associated labral tear; and extensive periods of time off of work. In a Utilization Review report dated August 6, 2013, the claims administrator denied a request for A-Stim unit and concurrently denied a Hot-Cold Contrast System with DVT-Compression unit and sling. The applicant's attorney subsequently appealed. In a progress note dated March 15, 2013, the applicant presented with persistent complaints of neck and shoulder pain with associated decreased range of motion and strength about the impacted arm. The applicant was placed off work, on total temporary disability, while unspecified medications were renewed. On April 26, 2013, the applicant's secondary treating provider, a shoulder surgeon, sought authorization for shoulder surgery. On progress notes of May 24, 2013 and July 3, 2013, the applicant was placed off work, on total temporary disability, owing to ongoing complaints of shoulder pain. Medrox patches were issued. It appears that the A-Stim device plus associated supplies and Hot-Cold Contrast Unit with DVT Compression treatment and sling was sought via a prescription form dated July 11, 2013, which employed preprinted checkboxes and furnished little or no narrative commentary. The applicant did ultimately undergo a diagnostic video arthroscopy with subacromial shaving and debridement surgery on July 24, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

A-STIM UNIT AND SUPPLIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Postoperative Pain topic Page(s): 117.

Decision rationale: The request in question apparently represented a request for postoperative provision of a transcutaneous electrotherapy device on a purchase basis. However, as noted on page 117 of the MTUS Chronic Pain Medical Treatment Guidelines, rental of a TENS device would be preferred over purchase of the same during the first 30 days following surgery. In this case, the attending provider did not proffer any compelling applicant-specific narrative rationale or medical evidence which would offset the unfavorable MTUS position on purchase of a TENS unit/A-Stim unit for postoperative pain relief purposes. Therefore, the request was not medically necessary.

HO/COLD CONTRAST SYSTEM WITH DVT/COMPRESSION UNIT: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation . ODG Shoulder Chapter Continuous-Flow Cryotherapy topic.2. Deep Venous Thromboembolism After Arthroscopy of the Shoulder, Garofalo et al. Case report Deep vein thromboembolism after arthroscopy of the shoulder: two case reports and a review of the literature Raffaele Garofalo¹, Angela Notarnicola^{2*}, Lorenzo Moretti², Biagio Moretti^{2,3}, Stefania Marini⁴ and Alessandro Castagna⁵ Background Deep vein thrombosis (DVT) has an incidence of 1 case per 1000 inhabitants in the general population and it is very rare after arthroscopy of the shoulder. Therefore, the current guidelines do not advise the administration of DVT prophylaxis in shoulder arthroscopy procedures.

Decision rationale: The MTUS does not address the topic of postoperative DVT prophylaxis following shoulder arthroscopy. However, as noted in the Garofalo review article, DVT has an incidence of one case per thousand in a general population and is very rare following shoulder arthroscopy. The current guidelines, Garofalo noted, do not advise administration of DVT prophylaxis in shoulder arthroscopy procedures, as apparently transpired here. Similarly, the MTUS does not address the topic of provision of a continuous cooling device postoperatively. As noted in the ODG Shoulder Chapter Continuous-Flow Cryotherapy topic, continuous flow cryotherapy is recommended as an option after surgery but is not recommended for nonsurgical treatment. The ODG recommends provision of a continuous cooling device for up to seven days postoperatively. In this case, however, as for the TENS unit, the attending provider seemingly sought authorization for continuous cooling device on a purchase basis postoperatively. This was not indicated, appropriate, or supported by the ODG. Therefore, the Hot and Cold Contrast System Component of the request is likewise not medically necessary. Therefore, both DVT

Compression Unit portion of the request and Hot and Cold Contrast System component of the request are not medically necessary.