

Case Number:	CM13-0015163		
Date Assigned:	10/08/2013	Date of Injury:	02/17/2011
Decision Date:	02/03/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	08/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery 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 physician 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 claimant is a 61-year-old gentleman, who sustained a right shoulder injury in a work related accident on February 17, 2011. Available for review in this case is a recent operative report for the right shoulder dated July 30, 2013, where the claimant is with preoperative diagnosis of impingement and was noted to have undergone surgery in the form of a shoulder arthroscopy, partial synovectomy, chondroplasty to the glenoid, arthroscopic subacromial decompression with placement of a brace, a postoperative injection as well as placement of a pain pump. The specific requests in this case are in direct relationship to the claimant's July 30, 2013 shoulder procedure. There is a request for a twenty-one day rental of a home Q-Tech recovery system which is a heat/cold/compressive therapy device as well as the purchase of a "half arm wrap" as well as use of the programmable pain pump utilized during the procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Q-tech recovery system hot/cold/compression DVT (21-day home 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 (ODG);

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); knee procedure.

Decision rationale: The Official Disability Guidelines indicate that the role of isolated use of a cryotherapy device would be recommended for up to seven days including home use. However, the role of a combination therapy device to include heat, cold therapy, and compressive treatment for an extended twenty-one day rental would not be supported. In regards to combination therapy devices, the Official Disability Guidelines state that randomized clinical trials have failed to demonstrate their benefit or efficacy in the long term setting when compared to continuous cryotherapy alone. This would not support the role of the requested device.

Purchase of a half arm wrap: 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); knee procedure

Decision rationale: The Official Disability Guidelines indicate that the use of a half arm wrap would not be supported. While compression garments can be recommended, they are typically done so on the legs, for issues of DVT or venothrombotic issues, which are of greater significance. The claimant in this case demonstrates no significant risk factors for rare medical finding of an upper extremity DVT, based on the outpatient surgical process he endured. The specific role of a compressive device for the upper extremity would not be indicated.

Purchase of a programmable pain pump: 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 Official Disability Guidelines (ODG); shoulder procedure.

Decision rationale: The Official Disability Guidelines indicate that postoperative pain pumps for the shoulder are "not recommended". Recent randomized clinical trials did not support the use of pain pumps in the postoperative setting as a beneficial entity. The lack of documented support by clinical guidelines would fail to necessitate the role of the requested use of this device at present.