

<b>Case Number:</b>	CM13-0016336		
<b>Date Assigned:</b>	11/06/2013	<b>Date of Injury:</b>	06/21/2012
<b>Decision Date:</b>	01/17/2014	<b>UR Denial Date:</b>	08/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### 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 Internal Medicine, has a subspecialty in Cardiology 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 patient is a 46-year-old female who reported injury on 06/21/2012. The patient was noted to have a right shoulder arthroscopy with extensive synovectomy, chondroplasty glenoid, and a subacromial decompression on 07/26/2013. The request per the physician was made for a DME Qtech recovery system, hot/cold compression x30 days, a DME deep vein thrombosis (DVT) rental x30 days, an Universal therapy wrap, a Pro Sling purchase, and abduction pillow purchase, and a Q pain pump purchase.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME Qtech recovery system, Hot/Cold Compression x 30 days:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Continuous Flow Cryotherapy, online version.

**Decision rationale:** The Physician Reviewer's decision rationale: CA MTUS/ACOEM Guidelines do not address hot/cold compression systems. Official Disability Guidelines

recommend continuous flow cryotherapy as an option post-operatively for use up to 7 days. The patient was noted to have surgery on 07/26/2013. Clinical documentation submitted for review failed to provide the necessary for 30 days of rental. Given the above, the request for DME Qtech recovery system, hot/cold compression x30 days is not medically necessary.

**DME deep vein thrombosis (DVT) rental x 30 days:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines DME deep vein thrombosis (DVT).

**Decision rationale:** The Physician Reviewer's decision rationale: CA MTUS/ACOEM Guidelines do not address deep vein thrombosis. Official Disability Guidelines recommend the identification of patients who are at high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. Clinical documentation submitted for review failed to provide the necessity for the requested service. Additionally, it failed to provide the patient had been assessed and found to have a high risk of developing a deep vein thrombosis. Given the above, the request for DME deep vein thrombosis (DVT) rental x30 days is not medically necessary.

**Universal Therapy Wrap:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Continuous Flow Cryotherapy, online version

**Decision rationale:** The Physician Reviewer's decision rationale: CA MTUS/ACOEM Guidelines do not address components of cryotherapy. Official Disability Guidelines addresses cryotherapy for 7 days post operatively. This component would be for cryotherapy as the request for cryotherapy was not approved for 30 days, the Universal therapy wrap would not be medically necessary.

**Pro Sling, purchase:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Postoperative abduction pillow sling, online version.

**Decision rationale:** The Physician Reviewer's decision rationale: CA MTUS/ACOEM Guidelines do not address Pro Sling. Per Official Disability Guidelines a postoperative abduction pillow/sling is recommended as option following open repair of large and massive rotator cuff. The patient was noted to have a subacromial decompression and as such the documentation failed to provide the necessity for a Pro Sling purchase. Given the above, the request for a Pro Sling purchase is not medically necessary

**Abduction pillow, purchase:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Postoperative abduction pillow sling, online version.

**Decision rationale:** The Physician Reviewer's decision rationale: CA MTUS/ACOEM Guidelines do not address abduction pillow. Per Official Disability Guidelines a postoperative abduction pillow/sling is recommended as option following open repair of large and massive rotator cuff. The patient was noted to have a subacromial decompression and as such the documentation failed to provide the necessity for an abduction pillow purchase. Given the above, the request for an abduction pillow purchase is not medically necessary.

**Q pain pump, purchase:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Post-operative Pain pump, online version

**Decision rationale:** The Physician Reviewer's decision rationale: CA MTUS/ACOEM Guidelines do not address pain pumps. Official Disability Guidelines do not recommend postoperative pain pumps. Clinical documentation submitted for review failed to provide exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for Q pain pump purchase is not medically necessary.