MAXIMUS Federal Services

Case Number:	CM13-0018269		
Date Assigned:	02/12/2014	Date of Injury:	11/26/2012
Decision Date:	09/11/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	08/29/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 54-year-old female who reported an injury on 12/26/2012 due to pulling a pallet when her feet slipped from under, causing her to fall, twisting her right ankle and hitting her forehead on the right side, landing on her left side, causing pain to the neck, back, shoulders, and left arm. Diagnoses were left shoulder impingement and right ankle tendonitis/bursitis. Past treatments reported were chiropractic care and physical therapy. Diagnostic studies were MRI on 01/21/2013 that revealed of the left shoulder a full thickness tear at the supraspinatus tendon with deltoid bursitis and mild acromioclavicular arthrosis. Surgical history was gallbladder surgery. The injured worker had a physical examination on 04/01/2013 with complaints of continuous aching in the left shoulder, described as sharp, shooting, and throbbing with activity. She also had complaints of limited mobility of the left shoulder, with stiffness and weakness in the shoulder and arm. She complained of difficult sleeping and awoke with pain and discomfort. Examination of the shoulder revealed tenderness was noted around the left acromioclavicular joint and the left posterior deltoid. Impingement and Hawkins signs were positive on the left. There was resisted shoulder shrug, apprehension, Yergason's, distraction, and Adson tests were negative. There was tenderness over the left distal radius, but not over the carpus. Phalen and reverse Phalen (pray position) testing was positive on the left. 2 point discrimination was decreased 8 mm over the left hand. MRI revealed a full thickness tear at the mid supraspinatus tendon measuring 4.7 mm. AC joint osteoarthrosis was noted. Medications were Tramadol and Ibuprofen. Treatment plan was for surgical intervention for arthrotomy and rotator cuff repair as well as arthroscopy with subacromial decompression. The rationale and request for authorization were not submitted.

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) RENTAL, HALF ARM WRAP PURCHASE, UNIVERSAL THERAPY WRAP.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Cold Compression Therapy, Compression Garments.

Decision rationale: The Official Disability Guidelines state for cold compression therapy, it is not recommended in the shoulder, as there are no published studies. It may be an option for other body parts. Also, the guidelines state for compression garments, they are not generally recommended in the shoulder. 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. It is still recommended to perform a thorough preoperative workup to uncover possible risk factors for deep vein thrombosis/pulmonary embolism despite the rare occurrence of developing a pulmonary embolism following shoulder surgery. Mechanical or chemical prophylaxis should be administered for patients with identified coagulopathic risk factors. It was stated in the records that the injured worker was to have shoulder surgery on 07/30/2013. There were no records submitted for the surgery or postoperatively. The medical necessity for this request was not provided. Therefore, the request is not medically necessary.

Q PAIN PUMP PURCHASE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES; 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, Postoperative Pain Pump.

Decision rationale: The Official Disability Guidelines for postoperative pain pump is not recommended. 3 recent moderate quality RCTs did not support the use of pain pumps. Before these studies, evidence supporting the use of ambulatory pain pumps existed primarily in the form of small case series and poorly designed randomized, controlled studies with small populations. Much of the available evidence has involved assessing efficacy following orthopedic surgery, specifically, shoulder and knee procedures. There is insufficient evidence to conclude that direct infusion is as effective as or more effective than conventional pre- or postoperative pain control using oral, intramuscular, intravenous measures. The records submitted did not include the injured worker's left shoulder surgery that was to be scheduled on

07/30/2013. Also, there were no postoperative physical exam reports. The medical necessity was not provided. Therefore, the request is not medically necessary.

PRO SLING II PURCHASE, ABDUCTION PILLOW PURCHASE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES: POST OP PILLOW/SLING.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Postoperative Abduction Pillow Sling.

Decision rationale: The Official Disability Guidelines for postoperative abduction pillow sling is recommended as an option following open repair of large and massive rotator cuff tears. The sling/abduction pillow keeps the arm in a position that takes tension off the repaired tendon. Abduction pillow for large and massive tears may decrease tendon contact to the repaired sulcus, but are not used for arthroscopic repairs. It was reported that the injured worker as to have left shoulder surgery on 07/30/2013. There were no surgical reports submitted for review. There were no postoperative reports submitted for review. The medical necessity for this request was not reported. Therefore, the request is not medically necessary.